

USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment—Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

<input checked="" type="checkbox"/> Location of well:	County: <u>Marion</u>	Fraction: <u>Sw 1/4 Sw 1/4 Sec 1/4</u>	Section number: <u>32</u>	Township number: T <u>19</u> S R <u>4</u>	Range number: <u>4</u>
2. Distance and direction from nearest town or city: <u>in city Marion</u> Street address of well location if in city: <u>317 Goble</u>			3. Owner of well: <u>Bill Sherbert</u> R.R. or street: <u>317 Goble</u> City, state, zip code: <u>Marion, KS 66861</u>		
4. Locote with "X" in section below: N W E S 1 Mile			Sketch map: 		
5. Type and color of material			6. Bore hole dia. <u>5 1/2</u> in. Completion date <u>5-3-70</u> Well depth <u>83</u> ft.		
			7. <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>1 1/4</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>6.4</u> lbs./ft. Dia. <u>5</u> in. to <u>5 1/2</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>5 1/2</u> ft. depth gage No. <u>58</u>		
			10. Screen: Manufacturer's name <u>A-STM</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/8</u> Length <u>20</u> Set between <u>03</u> ft. and <u>03</u> ft. ft. and <u>03</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/8</u>		
			11. Static water level: <u>50</u> ft. below land surface Date _____ mo./day/yr.		
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> Inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>2</u> ft. to <u>12</u> ft.		
			16. Nearest source of possible contamination _____ City _____ ft. <u>25</u> Direction <u>S</u> Type <u>sewer line</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
			(Use a second sheet if needed)		
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <u>Owner to run concrete slab around well 4'x4'x4"</u>		20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Backhaus Drgh 180</u> Business name _____ License No. _____ Address <u>Jampa, KS</u> Signed <u>Paul Backhaus</u> Date <u>5-12-70</u> Authorized representative	

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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5