

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

1. Location of well:		County Marion	Fraction NW 1/4 NW 1/4 NW 1/4	Section number 1	Township number T 19 S R 4 E/W	Range number 4
2. Distance and direction from nearest town or city: 2 mi east Antelope				3. Owner of well: C. and G. Oil Co		
Street address of well location if in city:				R.R. or street: R#1 Lincolnville		
				City, state, zip code: Marion, Kansas 66858		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 9 in. Completion date Aug 25 1979		
				Well depth 90 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 type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material plastic Height: Above or below		
				Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 1 1/2 in.		
				RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight Sched 40 lbs./ft.		
				Dia. 1 1/2 in. to 90 ft. depth Wall Thickness: inches or		
				Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. Sched 40		
5. Type and color of material		From	To	10. Screen: Manufacturer's name Homemade (Certainted)		
Gumbo			3	1/2 in holes bored in it		
lime		10	13	Type Homemade glass Dia. 6 in		
Soap Stone		15	28	Slot/gauze 1/2 in Length 20 ft		
lime		5	32	Set between 70 ft. and 90 ft.		
Red Rock		13	45	<input type="checkbox"/> ft. and <input type="checkbox"/> ft.		
Soft lime		10	55	Gravel pack? no Size range of material _____		
Hard lime		15	70	11. Static water level: _____ mo./day/yr.		
Soap Stone		10	80	50 ft. below land surface Date Aug 25 1979		
Hard lime		10	90	12. Pumping level below land surfaces: not tested		
				_____ 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: 3ft underground		
				<input checked="" type="checkbox"/> Pitless adapter _____ 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 0 ft. to 10 ft.		
				16. Nearest source of possible contamination: 1/4 mile		
				ft. _____ Direction _____ Type _____		
				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:		19. Remarks:			20. Water well contractor's certification:	
Topography:		<p><i>This well is not a well for drinking water. It is used to cool the coils in a gas plant.</i></p>			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.	
<input type="checkbox"/> Hill					Business name Schirpf Water Well Drilling 278 License No. _____	
<input type="checkbox"/> Slope					Address Marion, Kansas 66861	
<input type="checkbox"/> Upland					Authorized representative William Schirpf Date 10-29 1979	
<input type="checkbox"/> Valley				Date 10-29 1979		

T 19 S R 4 E
 Sec 1
 NW 1/4
 NW 1/4
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5