

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 <u>Marion</u>		Fraction <u>SW 1/4 SW 1/4 NW 1/4</u>		Section number <u>24</u>		Township number T <u>19</u> S R <u>4</u> E <u>3</u>		Range number <u>4</u>	
2. Distance and direction from nearest town or city: <u>5 mi NE of Marion</u>			3. Owner of well: <u>Ray Kraus</u>			R.R. or street: <u>Route 3</u>			
Street address of well location if in city:			City, state, zip code: <u>Marion, Kansas</u>			6. Bore hole dia. <u>8</u> in. Completion date <u>8-15 1979</u> Well depth <u>100</u> ft.			
4. Locate with "X" in section below:		Sketch map:		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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other					
5. Type and color of material				9. Casing: Material <u>plastic</u> Height: <u>Above or below</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u> </u> lbs./ft. Dia. <u>5</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>Sch 40</u>					
				10. Screen: Manufacturer's name <u>Certainstead</u> <u>Plastic Pipe</u> Type <u>PVC</u> Dia. <u>5 in</u> Slot/gauze <u>3/16</u> Length <u>30 ft</u> Set between <u>70</u> ft. and <u>100</u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 in</u>					
				11. Static water level: <u>50</u> ft. below land surface Date <u>8-15 1979</u>					
				12. Pumping level below land surfaces: <u>not pumped</u> <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.					
				13. Water sample submitted: <u> </u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u> </u>					
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>15</u> Inches above grade					
				15. Well grouted? <u>Yes</u> With <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>25</u> ft.					
				16. Nearest source of possible contamination: <u>Septic tank</u> ft. <u>60</u> Direction <u>W</u> Type <u>Septic tank</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 <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Schimpf Waterwell 278</u> Business name <u> </u> License No. <u> </u> Address <u>Marion, Kansas</u> Signed <u>William Schimpf</u> Date <u>8-15</u> Authorized representative					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley									

1979

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T 19 R 4 E Sec 24 SW 1/4 NW 1/4

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

Form WWC-5