

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 <i>Marion</i>	Fraction <i>Se 1/4 Se 1/4 Ne 1/4</i>	Section number <i>14</i>	Township number T <i>19</i> S R <i>5</i>	Range number <i>5</i>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:			
<i>10 E 3 3/4 N</i> <i>Marion</i>			<i>Ruben Rempel</i> <i>BB 3 Marion, Ks</i>			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <i>8 7/8</i> in. Completion date Well depth <i>66</i> ft. <i>5-16-78</i>	
					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	
5. Type and color of material		From	To	8. Use: <input checked="" 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 type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material <i>PVC</i> Height: <i>Above</i> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <i>3440</i> lbs./ft. Dia. <i>5</i> in. to <i>66</i> ft. depth Wall thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>258</i>		
<i>Top Soil</i>		<i>0</i>	<i>3</i>	10. Screen: Manufacturer's name <i>ASP m</i>		
<i>Rock</i>		<i>3</i>	<i>5</i>	Type <i>PVC</i> Dia. <i>5"</i> Slot/gauze <i>1/2</i> Length <i>20</i> Set between <i>56</i> ft. and <i>66</i> ft. <i>25</i> ft. and <i>35</i> ft. Gravel pack? <input type="checkbox"/> Size range of material _____		
<i>Yellow Clay</i>		<i>5</i>	<i>10</i>	11. Static water level: _____ mo./day/yr. <i>17</i> ft. below land surface Date _____		
<i>Lime Stone</i>		<i>10</i>	<i>26</i>	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.		
<i>Some water</i>		<i>26</i>	<i>27</i>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
<i>Gray Rock</i>		<i>27</i>	<i>60</i>	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade		
<i>Water</i>		<i>60</i>	<i>61</i>	15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From <i>3</i> ft. to <i>13</i> ft.		
<i>Gray Rock</i>		<i>61</i>	<i>66</i>	16. Nearest source of possible contamination: <i>Chicken</i> ft. <i>60+</i> Direction <i>W</i> Type <i>House</i> 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: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<i>owner to run concrete slab around well</i> <i>4" x 4' x 4'</i>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <i>Backhus Drgl 180</i> Business name _____ License No. _____ Address <i>Tampa, Ks.</i> Signed <i>Paul Backhus</i> Date _____ Authorized representative		

T 19 S R 5 W Sec 14

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

Form WWC-5