

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 Ne 1/4	Section number 2	Township number T 20 S R 1 E	Range number 1 E
2. Distance and direction from nearest town or city: 4 1/2 W			3. Owner of well: Merle Schlehuber			
Street address of well location if in city: Hilleboro			R.R. or street: RR 2			
			City, state, zip code: Hilleboro, Ks. 67063			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia 8 1/2 in. Completion date 2-16-79		
				Well depth 85 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		
5. Type and color of material				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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material Styrene Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> We Open /ft. Dia. 5 in. to 85 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No 200 wall		
				10. Screen: Manufacturer's name Germa Type Styrene Dia. 5 1/2 Slot/gauze 1/8 Length 20 Set between 65 ft. and 75 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 30		
				11. Static water level: 32 ft. below land surface Date 2-16-79		
				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: 2-16-79 <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		
				14. Well head completion: <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 3 ft. to 13 ft.		
				16. Nearest source of possible contamination: Sewer line ft. 100+ Direction NW Type line <input checked="" type="checkbox"/> 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		
				18. Elevation:		
				19. Remarks: owner to run concrete slab around well 4'x4'x4'		
				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. Backhus Drg. 180 Business name _____ License No. _____ Address Tampa, Ks. Signed Paul Backhus Date 2-16-79 Authorized representative		

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

Form WWC-5