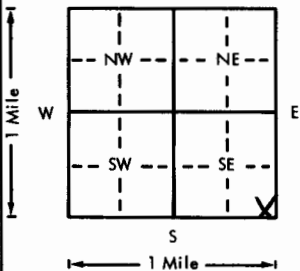


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Sec 14 SE 1/4</u> Section number <u>23</u> Township number <u>T 20 S R 1</u> Range number <u>EW</u>	
2. Distance and direction from nearest town or city: <u>3 N 2 3/4 E</u> Street address of well location if in city: <u>Gossett</u>	
3. Owner of well: <u>Mrs Jake Ratzlaff</u> R.R. or street: <u>RR 2 Hillborg</u> City, state, zip code: <u>Marion KS, 67063</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
	From To
<u>Top Soil</u>	<u>0 2</u>
<u>Yellow Clay</u>	<u>2 18</u>
<u>Blue Shale</u>	<u>18 37</u>
<u>Some water</u>	<u>37</u>
<u>Blue Shale</u>	<u>37 60</u>
<u>Water</u>	<u>60</u>
<u>Blue Shale</u>	<u>60 70</u>
(Use a second sheet if needed)	
6. Bore hole dia. <u>7-10</u> in. Completion date <u>7-12-76</u> Well depth <u>70</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 checked="" type="checkbox"/> Domestic <input checked="" 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 <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>72</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>3.4</u> lbs./ft. Dia. <u>5</u> in. to <u>20</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>20</u> ft. depth gage No. <u>1257</u>
10. Screen: Manufacturer's name <u>Certain-teed</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>5</u> Length <u>20</u> Set between <u>35</u> ft. and <u>45</u> ft. <u>55</u> ft. and <u>65</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4-8</u>	11. Static water level: <u>22</u> ft. below land surface Date <u>7-12-76</u> mo./day/yr.
12. Pumping level below land surfaces: <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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>
14. Well head completion: <u> </u> Pitless adapter <u> </u> Inches above grade	15. Well grouted? <input checked="" type="checkbox"/> With: <u> </u> Neat cement <u> </u> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
16. Nearest source of possible contamination: <u>Barn</u> ft. <u>300</u> Direction <u>NE</u> Type <u>yard</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> 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
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input 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>Backhus Drg 180</u> Business name <u> </u> License No. <u> </u> Address <u> </u> Signed <u>Paul Backhus</u> Date <u>7-12-76</u> Authorized representative	

T 20 S R 1 W Sec 23 SE SE SE

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

Form WWC-5