

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 <b>Marion</b>	Fraction <b>SE 1/4 SW 1/4 NW 1/4</b>	Section number <b>8</b>	Township number <b>T 20 S R 3</b>	Range number <b>3</b>
2. Distance and direction from nearest town or city: <b>4 miles east</b>			3. Owner of well: <b>Linferd Funk</b>			
Street address of well location if in city: <b>2 south of Hillsboro</b>			R.R. or street: <b>R.R. # 2</b>			
			City, state, zip code: <b>Hillsboro, Kansas 67063</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>24</u> in. Completion date _____ Well depth <u>56</u> ft. <u>5/9/79</u>		
				7. <input type="checkbox"/> Coble 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 checked="" type="checkbox"/> Reverse rotary		
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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		
5. Type and color of material		From	To	<input checked="" type="checkbox"/> Casing: Material <u>transite</u> Height: Above or below <u>bands</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18 12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>34</u> lbs./ft. Dia. <u>16</u> in. to <u>56</u> ft. depth Well thickness: inches or <u>3/4</u> " Dia. _____ in. to _____ ft. depth Gauge No. _____		
<b>Lost the log on this well</b>				<input checked="" type="checkbox"/> Screen: Manufacturer's name <u>Johnson Well Casing</u>		
				Type <u>transite</u> Dia. <u>16"</u>		
				Slot/gauze <u>3/4" x 6"</u> Length <u>26</u>		
				Set between <u>30</u> ft. and <u>56</u> ft. _____ ft. and _____ ft.		
				Gravel pack? <u>Yes</u> Size range of material <u>to 3/4</u>		
				11. Static water level: _____ mo./day/yr. <u>2'</u> ft. below land surface Date <u>5/9/79</u>		
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>500</u> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adpoter <u>12"</u> inches above grade		
				15. Well grouted? _____ With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
		<input checked="" type="checkbox"/> Nearest source of possible contamination: ft. <u>100</u> Direction <u>south</u> Type <u>pig pen</u> <input checked="" type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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:		<input checked="" type="checkbox"/> 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. <b>Rader Drilling Co. 194</b> Business name License No. _____ Address <b>Carlton, Kansas 67429</b> Signed <u>Grant E. Rader</u> Date <u>5/21/79</u> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			20 30 8 SE SW NW 1/4 1/4 1/4 Sec W R T			

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

Form WWC-5