

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 ne 1/4 sw 1/4	Section number 10	Township number T 20 S R 4	Range number 4	EN
2. Distance and direction from nearest town or city: 1 E 2 S			3. Owner of well: Lavern Schroder			
Street address of well location if in city: Marion			R.R. or street: RR			
			City, state, zip code: Marion, Mo.			
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: 			
5. Type and color of material			From	To	6. Bore hole dia. 9-7 in. Completion date 7-20-72 Well depth 83 ft.	
Top Soil			0	2	7. <input checked="" type="checkbox"/> Cable tool ___ Rotary ___ Driven ___ Dug ___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary	
Lime Stone			2	32	8. Use: <input checked="" type="checkbox"/> Domestic ___ Public supply ___ Industry ___ Irrigation ___ Air conditioning ___ Stock <input checked="" type="checkbox"/> Lawn ___ Oil field water ___ Other	
Yellow Shale			32	56	9. Casing: Material PVC Height: Above or below Threaded ___ Welded ___ Surface 12 in. RMP ___ PVC <input checked="" type="checkbox"/> Weight 24 lbs./ft. Dia. 5 in. to 83 ft. depth Wall Thickness: inches or Dia. ___ in. to ___ ft. depth gage No. 252	
Red Shale			56	70	10. Screen: Manufacturer's name A S E m Type PVC Dia. 5" Slot/gauze 1/8 Length 15 Set between 08 ft. and 83 ft. ___ ft. and ___ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 30	
Lime Stone			70	76	11. Static water level: ___ mo./day/yr. ___ ft. below land surface Date ___	
Water			76	77	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.	
Lime Stone			77	83	13. Water sample submitted: ___ mo./day/yr. ___ Yes <input checked="" type="checkbox"/> No Date ___	
					14. Well head completion: well House ___ Pitless adapter ___ Inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement ___ Bentonite ___ Concrete Depth: From 0 ft. to 10 ft.	
					16. Nearest source of possible contamination: Holding ft. 50+ Direction SE Type Tank Well disinfected upon completion? <input checked="" type="checkbox"/> Yes ___ No	
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ___ HP ___ Volts ___ Model number ___ Length of drop pipe ___ ft. capacity ___ g.p.m. Type: ___ Submersible ___ Turbine ___ Jet ___ Reciprocating ___ Centrifugal ___ 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. Backhus Drg. 180 Business name License No. ___ Address Tampa, Mo. Signed Paul Backhus Date 8-3-72 Authorized representative		
Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope ___ Upland ___ Valley						

T 20 S R 4
 Sec 10
 NW 1/4
 NE 1/4
 SW 1/4