

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 the 1/4 Sec 1/4 ne 1/4	Section number 17	Township number T 20	Range number S R 5	EW
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:				
4 1/2 S Marion			Allan Wagner RR 3 Marion Mo. 66661				
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. _____ in. Completion date _____ Well depth 112 ft. 2-3-78		
					7. <input checked="" type="checkbox"/> Cable tool _____ Rotary _____ Driven _____ Dug _____ Hollow rod _____ Jetted _____ Bored _____ Reverse rotary		
5. Type and color of material		From	To	8. Use: _____ Domestic _____ Public supply _____ Industry _____ Irrigation _____ Air conditioning <input checked="" type="checkbox"/> Stock _____ Lawn _____ Oil field water _____ Other			
				9. Casing: Material PVC Height: Above or below _____ Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC <input checked="" type="checkbox"/> Weight Sch 40 lbs./ft. Dia. 5 in. to _____ ft. depth Well Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. 250			
				10. Screen: Manufacturer's name _____ Type PVC Dia. 5" Slot/gauze 20 Length 15' Set between 80 ft. and 85 ft. 90 ft. and 105 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 20			
				11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____			
				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: _____ mo./day/yr. Yes _____ 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 _____ Bentonite _____ Concrete _____ Depth: From 0 ft. to 10 ft.			
				16. Nearest source of possible contamination: _____ ft. _____ Direction _____ Type Pasture Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ 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: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other			
18. Elevation:		(Use a second sheet if needed)		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. Bachhus Drgl. DO Business name _____ License No. _____ Address Jampa Ksc Signed Paul H. Bachhus Date _____ Authorized representative			
19. Remarks: Owner to run concrete slab around well 4' x 4' x 4"							
Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope _____ Upland _____ Valley							

T 20 S R 5 E W 17 NE SE NE
 Sec 1/4 1/4 1/4