

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>NW 1/4 NW 1/4 SW 1/4</u>		Section number: <u>15</u>		Township number: T <u>21</u> S <u>R 1</u> E <u>4</u>		Range number: <u>1</u>		
2. Distance and direction from nearest town or city: <u>1 E OF GOESSEL</u>				3. Owner of well: <u>KENNETH UNRUH</u>						
Street address of well location if in city: <u>1 1/2 S</u>				R.R. or street: <u>612 SE 2ND</u>						
				City, state, zip code: <u>NEWTON KS 67114</u>						
4. Locate with "X" in section below:			Sketch map:			6. Bore hole dia. <u>10</u> in. Completion date <u>8-27-76</u> Well depth <u>47</u> ft.				
						7. <input checked="" type="checkbox"/> Cable tool <input checked="" 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				
			<u>Well in WHT field NO Bldgs will CONSTRUCT new Home in FALL</u>			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 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			9. Casing: Material <u>PTIS</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.50</u> lbs./ft. Dia. <u>5</u> in. to <u>47</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>47</u> ft. depth gage No. <u>200</u>	
<u>Top Soil</u>			<u>0</u>			<u>2</u>			10. Screen: Manufacturer's name <u>J & J</u>	
<u>Clay Brown</u>			<u>2</u>			<u>15</u>			Type <u>RMP</u> Dia. <u>5</u>	
<u>Sand Fine</u>			<u>15</u>			<u>20</u>			Slot/gauze <u>0.06</u> Length <u>20</u>	
<u>Sand Fine to coarse</u>			<u>20</u>			<u>35</u>			Set between <u>20</u> ft. and <u>40</u> ft.	
<u>Limestone</u>			<u>35</u>			<u>37</u>			ft. and <u>48</u> ft.	
<u>Shale red</u>			<u>37</u>			<u>47</u>			Gravel pack? <u>yes</u> Size range of material <u>4/8</u>	
									11. Static water level: mo./day/yr. <u>20</u> ft. below land surface Date <u>8-27-76</u>	
									12. Pumping level below land surfaces: <u>30</u> ft. after <u>1</u> hrs. pumping <u>20</u> g.p.m. ft. after ___ hrs. pumping ___ g.p.m.	
									Estimated maximum yield <u>20</u> g.p.m.	
									13. Water sample submitted: mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date	
									14. Well head completion: <u>18</u> inches above grade	
									15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cemen <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete	
									Depth: From <u>4</u> ft. to <u>14</u> ft.	
									16. Nearest source of possible contamination: ft. Direction Type <u>NONE</u>	
									Well disinfected upon completion? 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:	
									<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:				20. Water well contractor's certification:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<u>Mr Unruh will run 4'x4' slab around well</u> <u>X Kenneth Unruh</u>				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>DAR Wall Service</u> 211 Business name _____ License No. _____ Address <u>420 W 3rd Newton KS</u> Signed <u>DAR Wall Service</u> Date <u>9-6-76</u> Authorized representative				

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

Form WWC-5