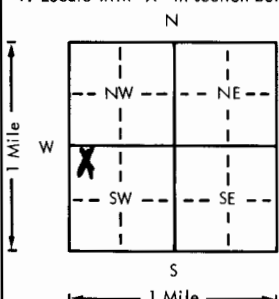


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Nw1/4 Nw1/4 Sw1/4</u> Section number <u>18</u> Township number <u>T 21 S R 1</u> Range number <u>1</u> <span style="float:right">EWN</span>	
2. Distance and direction from nearest town or city: <u>1 W 1 1/2 S</u> Street address of well location if in city: <u>Gossett</u>	
3. Owner of well: <u>Clarence Klassen</u> R.R. or street: <u>RR 2</u> City, state, zip code: <u>Newton Ks. 67114</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>Red Clay</u>	<u>2 20</u>
<u>Sand some clay</u>	<u>20 30</u>
<u>Red Rock</u>	<u>30 33</u>
<u>Yellow Shale</u>	<u>33 42</u>
<u>Red Rock</u>	<u>42 45</u>
<u>Red, Blue Shale</u>	<u>45 55</u>
(Use a second sheet if needed)	
6. Bore hole dia. <u>5 1/2</u> in. Completion date <u>10-9-78</u> Well depth <u>55</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
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	9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <u>5</u> PVC <input checked="" type="checkbox"/> Weight <u>2.4</u> lbs./ft. Dia. <u>5</u> in. to <u>5 1/2</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>5 1/2</u> ft. depth gage No. <u>232</u>
10. Screen: Manufacturer's name <u>ASTOM</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>4/6</u> Length <u>10</u> Set between <u>20</u> ft. and <u>30</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4-8</u>	11. Static water level: <u>18</u> ft. below land surface Date _____ mo./day/yr.
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 <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
14. Well head completion: <u>12</u> Well Head <input type="checkbox"/> Pitless adapter _____ inches above grade	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
16. Nearest source of possible contamination: _____ ft. <u>100</u> Direction <u>E</u> Type <u>Leugene</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 _____ 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
18. Elevation: _____	19. Remarks: _____
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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 Drig 180</u> Business name _____ License No. _____ Address: <u>Tompa, Ks.</u> Signed: <u>Paul Backhus</u> Authorized representative <u>10-15</u>

T 21 S R 1 W 1 NW 1/4 SW 1/4

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

Form WWC-5