

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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County <u>Marion</u>	Township name <u>West Branch</u>	Fraction <u>NENESE</u>	Section number <u>28</u>	Town number <u>21S</u>	Range number <u>1-E</u>																																	
Distance and direction from nearest town or city: <u>3 Mi SOUTH</u> <u>1 mi. East 1/2 South Gossett</u>				3 Owner of well: <u>Ray Schroeder</u> Address: <u>Gossett Kansas</u>																																			
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>78</u> ft. Date of completion <u>6-30-25</u> Well diameter <u>9</u> in.																																			
				5 <input checked="" type="checkbox"/> Cable 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 type="checkbox"/> Reverse rotary																																			
				6 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"/> Commercial <input type="checkbox"/> Test well																																			
2 <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;">Type and color of material</th> <th style="width:10%;">From</th> <th style="width:20%;">To</th> </tr> </thead> <tbody> <tr><td><u>TOP Soil</u></td><td><u>0</u></td><td><u>10</u></td></tr> <tr><td><u>Yellow clay</u></td><td><u>10</u></td><td><u>15</u></td></tr> <tr><td><u>Blue Shale</u></td><td><u>15</u></td><td><u>60</u></td></tr> <tr><td><u>Red Shale</u></td><td><u>60</u></td><td><u>65</u></td></tr> <tr><td><u>Water</u></td><td><u>65</u></td><td></td></tr> <tr><td><u>Blue Shale</u></td><td><u>65</u></td><td><u>78</u></td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p style="text-align:center;">(use a second sheet if needed)</p>		Type and color of material	From	To	<u>TOP Soil</u>	<u>0</u>	<u>10</u>	<u>Yellow clay</u>	<u>10</u>	<u>15</u>	<u>Blue Shale</u>	<u>15</u>	<u>60</u>	<u>Red Shale</u>	<u>60</u>	<u>65</u>	<u>Water</u>	<u>65</u>		<u>Blue Shale</u>	<u>65</u>	<u>78</u>															7 Casing: Material <u>PVC</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>15</u> in. Dia: <u>6</u> in. Weight <u>160</u> lbs./ft. <u>3</u> in. to <u>78</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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8 Screen: Manufacturer <u>Pumpeo</u> Type <u>Plastic</u> Dia. <u>5 1/2</u> Slot/gauze <u>3/8</u> Length <u>15</u> Set between <u>65</u> ft. and <u>75</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>3/8</u>																																							
9 Static water level: <u>35</u> ft. below land surface Date <u>6-30-25</u>																																							
10 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.																																							
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____																																							
12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade																																							
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite Depth: From <u>3</u> ft. to <u>15</u> ft.																																							
14 Nearest source of possible contamination: <u>Barn</u> ft. <u>3 Mi</u> Direction <u>S W</u> Type <u>yard</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																							
15 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																																							
16 Remarks: elevation				17 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>Backhaus Drilling LP</u> Business name _____ License No. _____ Address <u>Jamez, Mo.</u> Signed <u>Paul H. Backhaus</u> Date <u>7-20-25</u> Authorized representative																																			

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5