

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 SW 1/4 SE 1/4 SE 1/4	Section number 329	Township number 20 21	Range number 1 EW
2. Distance and direction from nearest town or city: 4 S 1/4 W			3. Owner of well: Sidney Batslett			
Street address of well location if in city: GOSSEL			R.R. or street: HillSprg KS.			
			City, state, zip code: BR 2 67063			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 9 in. Completion date		
				Well depth 118 ft. 3-3-77		
				7. <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		
5. Type and color of material		From	To	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		
Top Soil		0	2	9. Casing: Material PVC Height: Above or below		
Yellow Clay + fine Sand		2	23	Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 14 in.		
Blue Shale		23	54	RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 2448 lbs./ft.		
Red Shale		54	60	Dia. 5 in. to 118 ft. depth Wall Thickness: inches or		
Blue Shale		60	90	Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gage No. 1253		
Some water		90		10. Screen: Manufacturer's name _____		
Blue Shale		90	112	Type PVC Dia. 5"		
Hard Rock		112	116	Slot/gauge 3/8" Length 30		
Water		116		Set between 28 ft. and 118 ft.		
Blue Shale		116	118	Gravel pack? <input checked="" type="checkbox"/> Size range of material 30		
				11. Static water level: _____ mo./day/yr.		
				87 ft. below land surface Date 3-3-77		
				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.		
				13. Water sample submitted: _____ mo./day/yr.		
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
				14. Well head completion:		
				<input type="checkbox"/> Pitless adapter 12 Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/>		
				With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete		
				Depth: From 0 ft. to 10 ft.		
				16. Nearest source of possible contamination: Barn		
				ft. 1500 Direction NW Type yard		
				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:		(Use a second sheet if needed)		20. Water well contractor's certification:		
19. Remarks:				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
Topography:				Backhus Drg. Co		
<input type="checkbox"/> Hill				Business name _____ License No. _____		
<input type="checkbox"/> Slope				Address Tampa KS.		
<input checked="" type="checkbox"/> Upland				Signed Paul Backhus Date _____		
<input type="checkbox"/> Valley				Authorized representative _____		

21-10-29 SW SE SE

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

Form WWC-5