

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>Ne 1/4 Se 1/4 Sec 1/4</u>	Section number <u>32</u>	Township number T <u>21</u> S R <u>1</u>	Range number <u>EN</u>
2. Distance and direction from nearest town or city: <u>1/2 E 4 1/2 S</u>			3. Owner of well: <u>Darrel Schroeber</u>			
Street address of well location if in city: <u>Gossett</u>			R.R. or street: <u>RR 2 Box 50-1</u>			
			City, state, zip code: <u>Newton KS 67114</u>			
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia. <u>8 1/2</u> in. Completion date <u>4-30-79</u> Well depth <u>88</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	
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	
<u>Top Soil</u>			<u>0</u>	<u>2</u>	9. Casing: Material <u>Styrene</u> Weight: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12 +</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>200 waps./ft.</u> Dia. <u>5</u> in. to <u>8 1/2</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>8 1/2</u> ft. depth gage No. <u>200 wall</u>	
<u>yellow Bed Clay</u>			<u>2</u>	<u>22</u>	10. Screen: Manufacturer's name <u>Cer-mac</u> Type <u>Styrene</u> Dia. <u>5"</u> Slot/gauge <u>1/2</u> Length <u>20</u> Set between <u>25</u> ft. and <u>35</u> ft. <u>75</u> ft. and <u>85</u> ft.	
<u>fine Sand</u>			<u>22</u>	<u>25</u>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>30</u>	
<u>yellow Shale</u>			<u>25</u>	<u>32</u>	11. Static water level: <u>24</u> ft. below land surface Date <u>4-30-79</u> mo./day/yr.	
<u>Blue Shale</u>			<u>32</u>	<u>75</u>	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.	
<u>Water</u>			<u>75</u>	<u>76</u>	13. Water sample submitted: ____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____	
<u>Blue Shale</u>			<u>76</u>	<u>88</u>	14. Well head completion: Pitless adapter <u>12</u> 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>3</u> ft. to <u>13</u> ft.	
					16. Nearest source of possible contamination: ft. <u>75 +</u> Direction <u>W</u> Type <u>Lugum</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 ____ 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: <u>Owner to run concrete slab around well 4'x4'x4"</u>			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 Drg. 180</u> Business name License No. Address <u>Jampa, Ke</u> Signed <u>Paul Backhus</u> Date <u>4-30-79</u> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5