

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 Sec 14 T22S R3E</u>	Section number: <u>5</u>	Township number: <u>T 22 S</u>	Range number: <u>R 3 E</u>
2. Distance and direction from nearest town or city: <u>1/4 W</u> Street address of well location if in city: <u>Peabody</u>			3. Owner of well: <u>Jay Cook</u> R.R. or street: City, state, zip code: <u>Peabody, Ks.</u>		
4. Locate with "X" in section below: N W E S 1 Mile			6. Bore hole dia. <u>6.75</u> in. Completion date <u>9-27-76</u> Well depth <u>65</u> ft.		
			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		
			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			9. Casing: Material <u>PVC</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>TP</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>Sched 40</u> lbs./ft. Dia. <u>5</u> in. to <u>65</u> ft. depth Wall thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>1258</u>		
			10. Screen: Manufacturer's name <u>M.P.I.</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/8</u> Length <u>20'</u> Set between <u>95</u> ft. and <u>65</u> ft. ft. and <u> </u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4-3/8</u>		
Top Soil			From 0 To 2		
yellow clay			From 2 To 22		
Blue Shale			From 22 To 34		
Some water			From 34 To		
Blue Shale			From 34 To 56		
Water			From 56 To		
Blue Shale			From 56 To 65		
			11. Static water level: <u>42</u> ft. below land surface Date <u>9-27-76</u> mo./day/yr.		
			12. Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.		
			13. Water sample submitted: <u> </u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u> </u>		
			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u> </u> inches above grade		
			15. Well grouted? <u> </u> With: <u> </u> Neat cement <u> </u> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.		
			16. Nearest source of possible contamination: <u>75</u> ft. Direction <u>NW</u> Type <u>lagune</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 <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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		
			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 Dry 180</u> Business name License No. <u> </u> Address <u>Tampa, Ks.</u> Signed <u>Paul Backhus</u> Date <u>10-4-76</u> Authorized representative		
18. Elevation:			19. Remarks:		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			(Use a second sheet if needed)		

18
22
3-
W
5-
NENE
1/4 1/4 1/4

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

Form WWC-5