

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 <b>Marion</b>	Fraction <b>NE 1/4 NE 1/4 NE 1/4</b>	Section number <b>11</b>	Township number T <b>22</b> S R <b>3</b> E <b>1</b>	Range number	
2. Distance and direction from nearest town or city: <b>3 mi east of Peabody K.S.</b>			3. Owner of well: <b>5rd Browns</b> R.R. or street: <b>406 Vine</b> City, state, zip code: <b>Peabody, Kansas 66866</b>				
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <b>5</b> in. Completion date <b>Oct 10 1979</b> Well depth <b>58</b> 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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" 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 <b>PVC</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>76</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>58</b> ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth gage No. <b>40 Schedule</b>		
					10. Screen: Manufacturer's name <b>Certainteed</b> Type <b>PVC</b> Dia. <b>5 in</b> Slot/gauze <b>1/2</b> Length <b>20 ft</b> Set between <b>38</b> ft. and <b>58</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/2 in</b>		
<b>Lumbo</b>		<b>0 20</b>			11. Static water level: _____ mo./day/yr. <b>30</b> ft. below land surface Date <b>Oct 10 1979</b>		
<b>Sand clay</b>		<b>20 35</b>			12. Pumping level below land surfaces: <b>Not pumped</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
<b>Shale</b>		<b>35 45</b>			13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <b>Oct 10 1979</b>		
<b>Lime</b>		<b>45 50</b>			14. Well head completion: <b>26</b> <input type="checkbox"/> Pitless adapter _____ inches above grade		
<b>Shale</b>		<b>50 58</b>			15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
					16. Nearest source of possible contamination: <b>over</b> <b>1/2</b> mile Direction _____ Type _____ 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		
					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 <b>William Schimpf Water Well 278</b> Business name _____ License No. _____ Address <b>Marion, Kansas</b> <b>William Schimpf</b> authorized representative		
18. Elevation:		19. Remarks: <b>Pasture Well</b>					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

22-30-11-NE 1/4  
 T 22 S 3 E 1  
 Sec 11

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

Form WWC-5