

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 1/4 SE 1/4 SE 1/4	Section number 32	Township number T 22	Range number S R 4E	E/W E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:				3. Owner of well: R.R. or street: City, state, zip code:			
4. Locate with "X" in section below:				Sketch map:			
5. Type and color of material				From	To	6. Bore hole dia. <u>9</u> in. Completion date <u>Aug 1 1977</u> Well depth <u>95</u> ft.	
<u>Gumbo</u>				<u>0</u>	<u>10</u>	7. <input 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	
<u>Soap Stone</u>				<u>10</u>	<u>40</u>	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>Shale</u>				<u>40</u>	<u>55</u>	9. Casing: Material <u>plastic</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>16</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>Sec 40</u> lbs./ft. Dia. <u>5</u> in. to <u>95</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>Shubick 40</u>	
<u>Gine</u>				<u>55</u>	<u>95</u>	10. Screen: Manufacturer's name <u> </u> Type <u>plastic</u> Dia. <u>8 in</u> Slot/gauze <u>3/8 in</u> Length <u>90 ft</u> Set between <u>75</u> ft. and <u>95</u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 in</u>	
						11. Static water level: <u> </u> mo./day/yr. <u>20</u> ft. below land surface Date <u>Aug 1 1977</u>	
						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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>	
						14. Well head completion: <input type="checkbox"/> Pitless adapter <u>16</u> inches above grade	
						15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>90</u> ft.	
						16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>S</u> Type <u>septic tank</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	
(Use a second sheet if needed)							
18. Elevation:		19. Remarks:				20. Water well contractor's certification:	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Schmidt Waterwell 978</u> Business name <u> </u> License No. <u> </u> Address <u>123rd Ave Burns</u> Signed <u>William Schmitt</u> Date <u>Aug 1 1977</u> Authorized representative	

T 22
 R 4E
 W E
 Sec 32
 1/4 SE
 1/4
 1977

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

Form WWC-5