

Sent again 11/1/77

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>3030 acres SE corner SE 1/4 SE 1/4 NW 1/4</u>	Section number <u>23</u>	Township number <u>T 22</u>	Range number <u>S R 5</u>
2. Distance and direction from nearest town or city: <u>3 mi N E Burns</u>			3. Owner of well: <u>Allen Strothkamp</u>		
Street address of well location if in city:			R.R. or street:		
City, state, zip code: <u>Burns Kansas 66840</u>					
4. Locate with "X" in section below:		Sketch map:			
		<p style="text-align: center;">DAD</p>			
5. Type and color of material		From	To	6. Bore hole dia. <u>10</u> in. Completion date <u>4-6-77</u>	
<u>Shampo</u>		<u>20</u>	<u>20</u>	Well depth <u>125</u> ft.	
<u>lime</u>		<u>15</u>	<u>35</u>	7 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug	
<u>Soapstone</u>		<u>10</u>	<u>45</u>	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
<u>H shale</u>		<u>5</u>	<u>50</u>	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry	
<u>lime</u>		<u>35</u>	<u>85</u>	<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	
				9. Casing: Material <u>Steel</u> Height: Above or below	
				Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>16</u> in.	
				RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft.	
				Dia. <u>6</u> in. to <u>8 1/2</u> ft. depth Wall Thickness: inches or	
				Dia. _____ in. to _____ ft. depth gage No. <u>See 40</u>	
				10. Screen: Manufacturer's name _____	
				<u>Home Made</u>	
				Type <u>Open</u> Dia. <u>6</u> in.	
				Slot/gauze <u>3/16</u> Length <u>30</u>	
				Set between <u>35</u> ft. and <u>85</u> ft.	
				_____ ft. and _____ ft.	
				Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4"</u>	
				11. Static water level: _____ mo./day/yr.	
				<u>50</u> ft. below land surface Date <u>4-11-77</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.	
				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 <u>16</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>0</u> ft. to <u>20</u> ft. <u>MNC</u>	
				16. Nearest source of possible contamination:	
				ft. <u>100</u> Direction <u>S</u> Type <u>Hog pen</u>	
				Well disinfected upon completion? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				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:		19. Remarks:		20. Water well contractor's certification:	
Topography:				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.	
<input type="checkbox"/> Hill				<u>Schimpf Waterwell</u>	
<input type="checkbox"/> Slope				Business name _____ License No. _____	
<input type="checkbox"/> Upland				Address <u>Marion 228</u>	
<input type="checkbox"/> Valley				Signed <u>William Schimpf</u> Date <u>4-6-77</u>	
				Authorized representative	

Top of Hole  
 20 ft cement  
 16 inches above grade  
 100 ft to 20 ft MNC  
 100 ft to 20 ft MNC

22  
 5  
 23  
 SE  
 1/4 1/4 1/4  
 SE

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

Form WWC-5