

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

Marion *SE 1/4 NW 1/4 SE 1/4*

1 Location of well: County *Burns* Township name *Burns* Fraction *1/3 1/4* Section number *33* Town number *22* Range number *SE*

Distance and direction from nearest town or city: *Burns* 3 Owner of well: *Wilbur Malachuk* 66840
Street address of well location if in city: Address: *Burns*

Locate with "X" in section below: Sketch map: *DBD*

4 Well depth: *90* ft. Date of completion *4-2-76*
Well diameter *8* in.

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored Reverse rotary

6 Use: Domestic Public supply Industry
 Irrigation Air conditioning Commercial
 Test well

7 Casing: Material _____ Height: above/below
Threaded Welded Surface *16* in. *MNC*
Digm. *6* in. to *20* ft. depth Drive shoe? Yes No
_____ in. to _____ ft. depth

8 Screen: Manufacturer _____
Type *Plastic* Dia. *6"*
Slot gauge *3/8"* Length *40'*
Set between *50* ft. and *90* ft.
Fittings: *MNC*
Gravel pack Yes No Size range of material _____

9 Static water level: *50* ft. below land surface Date *4-2-76*

10 Pumping level below land surfaces:
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield *20* g.p.m.

11 Water sample submitted:
 Yes No Date _____

12 Well head completion:
 Pitless adapter *16* Inches above grade

13 Well grouted? Yes No *MNC*
 Neat cement Bentonite
Depth: From *10* ft. to *top* *0-10'*

14 Nearest source of possible contamination: *MNC line*
ft. *95* Direction *West* Type *Sum*
Well disinfected upon completion? Yes No

15 Pump: Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.m.p.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

16 Remarks: elevation
Topography:
 Hill
 Slope
 Upland
 Valley

17 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.
Shining Water Well
Business name _____ License No. _____
Address *Sharinghs 228*
Signed *William Anthony* Date *4-2-76*
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

02 5E 33 SE 1/4 NWSE