

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 Ness	Fraction NW 1/4 NW 1/4 NW 1/4	Section number 19	Township number T 19 S	Range number R 21 E
2. Distance and direction from nearest town or city: 4 miles south of Bazine, KS.			3. Owner of well: Ron Schaben		
Street address of well location if in city:			R.R. or street: RFD		
			City, state, zip code: Bazine, Kansas 67516		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 9 7/8 in. Completion date _____	
				Well depth 412 ft. 11-1-77	
				7. <input type="checkbox"/> Cable tool <input checked="" 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	
				9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>2.8</u> lbs./ft. Dia. <u>5</u> in. to <u>412</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>265</u>	
5. Type and color of material		From	To	10. Screen: Manufacturer's name _____	
Top soil		0	5	Jess & Lowell	
Tan clay		5	20	Type <u>PVC</u> Dia. <u>5"</u>	
Black shale		20	240	Slot/gauge <u>fine</u> Length <u>40'</u>	
Black shale - small streak of sand		240	250	Set between <u>372</u> ft. and <u>412</u> ft.	
Black shale		250	290	Gravel pack? <u>Yes</u> Size range of material <u>1/64-5/32</u>	
Red sticky clay		290	355	11. Static water level: _____ mo./day/yr. <u>118</u> ft. below land surface Date <u>10/27/77</u>	
Fine sand		355	410	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>100</u> g.p.m.	
Black shale		410	420	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter Unit _____ 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>4</u> ft. to <u>14</u> ft.	
				16. Nearest source of possible contamination: ft. <u>150</u> Direction <u>North</u> Type <u>well</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: _____ Not installed Manufacturer's name <u>Aermotor</u> Model number <u>SD12</u> HP <u>1/2</u> Volts <u>220</u> Length of drop pipe <u>186</u> ? capacity <u>10</u> g.p.m. Type: <input checked="" 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 checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	Customer stated that he would plug well.			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Friesen Windmill <u>252</u> Business name License No. Address Meade, Kansas <u>67864</u> Signed <u>[Signature]</u> Date <u>12/77</u> Authorized representative	

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

Form WWC-5