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	Fraction	Section number	Township number	Range number
Harvey	Sw 1/4 Nw 1/4 nw 1/4	5	T 22 S	R 3 E/(W)

2. Distance and direction from nearest town or city: 5 E 1 3/4 N

Street address of well location if in city: Buhler

3. Owner of well: Gordon Schmidt
R.R. or street: RR Inman
City, state, zip code: Inman Ks. 67546

4. Locate with "X" in section below: Sketch map:

N
W — E
S
1 Mile ← → 1 Mile

(X in NW quadrant)

6. Bore hole dia. 10 in. Completion date 7-30-76
Well depth 120 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material Pvc Height: Above or below
Threaded ____ Welded ____ Surface 14 in.
RMP ____ PVC X Weight 24 40 lbs./ft.
Dia. 5 in. to 120 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. 1258

5. Type and color of material

Type and color of material	From	To
Top Soil	0	2
Yellow Clay	2	32
fine Sand	32	35
Yellow + Red Clay	35	105
Medium to Course Sand	105	120

(Use a second sheet if needed)

10. Screen: Manufacturer's name D.V.M.
Type Pvc Dia. 5"
Slot/gauze 16 Length 10'
Set between 110 ft. and 120 ft.
____ ft. and ____ ft.
Gravel pack? X Size range of material 1/4 - 3/8

11. Static water level: mo./day/yr.
60 ft. below land surface Date ____

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 X No Date

14. Well head completion:
X Pitless adapter ____ Inches above grade

15. Well grouted? X
With: ____ Neat cement ____ Bentonite X Concrete
Depth: From 6 ft. to 16 ft.

16. Nearest source of possible contamination: Septic
ft. 150 Direction E Type Tank
Well disinfected upon completion? X Yes ____ No

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

18. Elevation:
Topography:
____ Hill
____ Slope
X Upland
____ Valley

19. Remarks: Owner to run concrete Slab around well 4' x 4' x 4"

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.
Business name Backhos Drg. 180 License No. ____
Address Tampa Ks. 67483
Signed Paul Backhus
Authorized representative Date 8-2-76

T 22 - R 3 E - Sec 5 SW NW NW 1/4 1/4 1/4

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

Form WWC-5