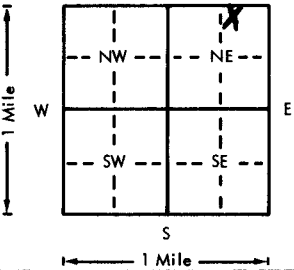


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>Mecherson</b>	Fraction <b>NW 1/4 NE 1/4 NE 1/4</b>	Section number <b>31</b>	Township number <b>T 17 S R 2</b>	Range number <b>2</b>	<b>EW</b>
2. Distance and direction from nearest town or city: <b>2 S 3 1/2 E</b>				3. Owner of well: <b>Ervin Johnson</b>			
Street address of well location if in city: <b>Lindsborg</b>				City, state, zip code: <b>Lindsborg KS 67456</b>			
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile				Sketch map: 			
5. Type and color of material				From	To	6. Bore hole dia. <b>5 1/2</b> in. Completion date <b>3-22-76</b> Well depth <b>52</b> ft.	
<b>Top Soil</b>				<b>0</b>	<b>2</b>	7. <input checked="" 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	
<b>Red clay</b>				<b>2</b>	<b>15</b>	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	
<b>fine Black Creek Sand</b>				<b>15</b>	<b>22</b>	9. Casing: Material <b>PVC</b> Height: <b>above</b> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>78</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>160</b> lbs./ft. Dia. <b>5</b> in. to <b>52</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>10231</b>	
<b>Blue Shale</b>				<b>22</b>	<b>40</b>	10. Screen: Manufacturer's name <b>Cerberus</b> Type <b>PVC</b> Dia. <b>5 1/2</b> Slot/gauze <b>1/8</b> Length <b>20</b> Set between <b>25</b> ft. and <b>35</b> ft. <b>42</b> ft. and <b>52</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>20</b>	
<b>water</b>				<b>40</b>	<b>42</b>	11. Static water level: <b>23</b> ft. below land surface Date <b>3-22-76</b> mo./day/yr.	
<b>Blue Shale</b>				<b>42</b>	<b>52</b>	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: <b>well house</b> ____ Pitless adapter ____ inches above grade	
						15. Well grouted? <input checked="" type="checkbox"/> With: ____ Neat cement ____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.	
						16. Nearest source of possible contamination: <b>pasture</b> ft. <b>50</b> Direction <b>S</b> Type <b>pasture</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						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: ____ Submersible ____ Turbine ____ Jet ____ Reciprocating ____ Centrifugal ____ Other	
(Use a second sheet if needed)							
18. Elevation:  Topography: ____ Hill ____ Slope <input checked="" type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		19. Remarks: <b>Pump not installed by my company</b>		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. <b>Backhus Drg 180</b> Business name <b>Tampa KS</b> License No. ____ Address <b>Tampa KS</b> Signed <b>Paul Backhus</b> Date <b>3-22-76</b> Authorized representative			

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

Form WWC-5