

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>McPherson</u> Fraction <u>SW 1/4 SW 1/4 SW 1/4</u> Section number <u>28</u> Township number <u>T 17 S R 4 E (N)</u> Range number	
2. Distance and direction from nearest town or city: <u>SW 1 3/4 mi</u> 3. Owner of well: <u>Bill Berg</u> Street address of well: <u>9 Lindenberg</u> R.R. or street: <u>P.R. I</u> City, state, zip code: <u>Marquette Kansas 67464</u>	
4. Locate with "X" in section below: N NW NE SW SE S W E 1 Mile Sketch map: <u>N</u> 	
5. Type and color of material	
<u>Top soil</u>	From 0 To 1
<u>Silty Clay</u>	1 41
<u>Blue clay + snail shells</u>	41 52
<u>Very coarse sand & gravel</u>	52 65
<u>Blue & Red shales</u>	65 67
6. Bore hole dia. <u>5</u> in. Completion date <u>11-6-75</u> Well depth <u>66</u> ft.	
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	
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>PLTS</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>9"</u> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <u>9"</u> Weight <u>18</u> lbs./ft. Dia. <u>5</u> in. to <u>6 1/2</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>6 1/2</u> ft. depth Gauge No. <u>44"</u>	
10. Screen: Manufacturer's name <u>J.P. Schum</u> <u>Half Yon Co.</u> Type <u>PVC</u> Dia. <u>5"</u> Slot gauge <u>1/16</u> Length <u>10 ft</u> Set between <u>66</u> ft. and <u>56</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>1/4" - 1/8"</u>	
11. Static water level: <u>25-6</u> ft. below land surface Date <u>11-6-75</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>28</u> ft. after <u>2</u> hrs. pumping <u>15</u> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>40</u> g.p.m.	
13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____	
14. Well head completion: <u>18" Poly Pipe</u> <input type="checkbox"/> Pitless adapter <u>18"</u> 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>0</u> ft. to <u>12</u> ft.	
16. Nearest source of possible contamination: <u>65</u> ft. Direction <u>S.S.E</u> Type <u>Septic</u> 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: <input 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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>Mr Berg will have concrete poured around well top.</u> <u>As per law.</u>
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. <u>Retson Brum</u> <u>138</u> Business name _____ License No. _____ Address <u>204150 Lindenberg Rd</u> Signed <u>Wally Brown</u> Date <u>11-6-75</u> <u>Wally Brown</u> Authorized representative	

T 17 S R 4 E
SW 1/4 SW 1/4 SW 1/4

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

Form WWC-5