

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>McPHERSON</b>	Fraction: <b>SW 1/4 SE 1/4 NW 1/4</b>	Section number: <b>22</b>	Township number: <b>T-18-S</b>	Range number: <b>R-3-W E/W</b>
2. Distance and direction from nearest town or city: <b>6 MILES</b>				3. Owner of well: <b>JAY BREMEYER</b>		
Street address of well location if in city:				R.R. or street: <b>1540 DOVER DR.</b>		
				City, state, zip code: <b>McPHERSON Kans 67460</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>8</b> in. Completion date <b>12-19-77</b>		
N		W		Well depth <b>105</b> ft.		
E		S		7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug		
1 Mile		1 Mile		<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
1 Mile		1 Mile		8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry		
1 Mile		1 Mile		<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock		
1 Mile		1 Mile		<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
5. Type and color of material				9. Casing: Material <b>PVC</b> Height: <b>Above</b> or below		
				Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>24</b> in.		
				RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft.		
				Dia. <b>4</b> in. to <b>65</b> ft. depth Wall Thickness: inches or		
				Dia. _____ in. to _____ ft. depth gage No. <b>1/4"</b>		
				10. Screen: Manufacturer's name <b>PEARLESS</b>		
				<b>PLASTICS</b>		
				Type <b>PVC</b> Dia. <b>4"</b>		
				Slot/gauze <b>1/32</b> Length <b>40'</b>		
				Set between <b>65</b> ft. and <b>105</b> ft.		
				_____ ft. and _____ ft.		
				Gravel pack? <b>YES</b> Size range of material <b>1/4" X 1/8"</b>		
				11. Static water level: _____ mo./day/yr.		
				<b>30</b> ft. below land surface Date <b>12-19-77</b>		
				12. Pumping level below land surfaces:		
				<b>55</b> ft. after <b>15</b> hrs. pumping <b>6</b> g.p.m.		
				_____ ft. after _____ hrs. pumping _____ g.p.m.		
				Estimated maximum yield <b>5-6</b> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr.		
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
				14. Well head completion:		
				<input type="checkbox"/> Pitless adapter <b>24</b> Inches above grade		
				15. Well grouted? <b>YES</b>		
				With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete		
				Depth: From _____ ft. to _____ ft.		
				16. Nearest source of possible contamination:		
				ft. <b>400</b> Direction <b>NORTH EAST</b> Type <b>CATTLE</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:		
				<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:		19. Remarks:		20. Water well contractor's certification:		
Topography:				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<input type="checkbox"/> Hill				<b>PETERSON T.R.R.</b> <b>13817</b>		
<input checked="" type="checkbox"/> Slope				Business name _____ License No. _____		
<input type="checkbox"/> Upland				Address <b>Box 150 LINDSBORG KS 67443</b>		
<input type="checkbox"/> Valley				Signed <b>Jay Polnie</b> Date <b>12-20-77</b>		
				Authorized representative		

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

Form WWC-5

18-3022 4/8 SWNW