

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>29</u>	Township number <u>19</u>	Range number <u>3</u>
2. Distance and direction from nearest town or city: <u>1 W 182 St.</u>			3. Owner of well: <u>Lonnie Ensminger</u>		
Street address of well location if in city: <u>McPherson</u>			R.R. or street: <u>509 S. Walnut</u>		
			City, state, zip code: <u>McPherson KS. 67460</u>		
4. Locate with "X" in section below: Sketch map: N 1 Mile W E S 1 Mile			6. Bore hole dia. <u>10</u> in. Completion date <u>7-6-76</u> Well depth <u>132</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>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>5440</u> lbs./ft. Dia. <u>5</u> in. to <u>132</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>132</u> ft. depth gauge No. <u>1250</u>		
5. Type and color of material			From	To	10. Screen: Manufacturer's name <u>Certain-Tec</u>
<u>Top Soil</u>			<u>0</u>	<u>3</u>	Type <u>PVC</u> Dia. <u>5"</u>
<u>yellow + Red clay</u>			<u>3</u>	<u>68</u>	Slot/gauge <u>1/16</u> Length <u>10</u>
<u>fine to medium sand</u>			<u>68</u>	<u>90</u>	Set between <u>120</u> ft. and <u>130</u> ft.
<u>yellow clay</u>			<u>90</u>	<u>95</u>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4-20</u>
<u>Medium Gravel</u>			<u>95</u>	<u>115</u>	Static water level: <u>90</u> ft. below land surface Date <u>7-6-76</u>
<u>Coarse Gravel</u>			<u>115</u>	<u>132</u>	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.
<u>Red Clay</u>			<u>132</u>		13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____
					14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter ____ inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> With: ____ Neat cement ____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.
					16. Nearest source of possible contamination: <u>Septic</u> ft. <u>60</u> Direction <u>N</u> Type <u>Tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes ____ 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 ____ Valley	19. Remarks: <u>owner to run concrete</u> <u>slab around well 4'x4'x4"</u> <u>Pump not installed by my company.</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>Backhus Drg. 180</u> Business name <u>Backhus</u> License No. <u>67465</u> Address <u>Tampa, KS</u> Signed <u>Paul Backhus</u> Date <u>7-6-76</u> Authorized representative		

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

Form WWC-5