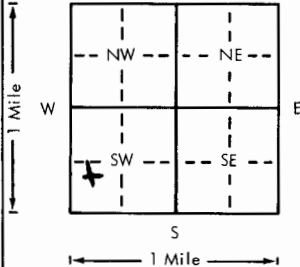


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>Mepherson</u>	Fraction <u>Nw 1/4 Sw 1/4 Sw 1/4</u>	Section number <u>30</u>	Township number T <u>19</u> S R <u>3</u> E <u>ND</u>
2. Distance and direction from nearest town or city: <u>1 W</u> Street address of well location if in city: <u>Mepherson</u>	3. Owner of well: <u>Tim Collins</u> R.R. or street: <u>RR</u> City, state, zip code: <u>Mepherson Ks.</u>			
4. Locate with "X" in section below: N W E S 1 Mile	Sketch map: 		6. Bore hole dia. <u>5</u> in. Completion date <u>7-25-78</u> Well depth <u>130</u> ft.	
5. Type and color of material		From	To	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
<u>Top Soil</u>		<u>0</u>	<u>2</u>	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
<u>yellow + Red clay</u>		<u>2</u>	<u>60</u>	9. Casing: Material <u>Pre</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>34.40</u> lbs./ft.
<u>fine to Medium Sand</u>		<u>60</u>	<u>90</u>	Dia. <u>5</u> in. to <u>130</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>130</u> ft. depth gage No. <u>258</u> +
<u>Medium to Course Sand</u>		<u>90</u>	<u>130</u>	10. Screen: Manufacturer's name <u>Astm</u> Type <u>Pvc</u> Dia. <u>5"</u> Slot/gauze <u>70</u> Length <u>10'</u> Set between <u>120</u> ft. and <u>130</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4-10</u>
				11. Static water level: <u>90</u> ft. below land surface Date <u>7-25-78</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.
				13. Water sample submitted: ____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter ____ Inches above grade
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input 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>70</u> Direction <u>NE</u> Type <u>Tank</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>owner to run concrete</u> <u>slab around well 4'x4'x4"</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>Tampa Ks.</u> License No. ____ Address <u>Paul Backhus</u> Signed <u>Paul Backhus</u> Date <u>8-1-78</u> Authorized representative	

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

Form WWC-5