

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>N 1/4 S 1/4 N 1/4</u>	Section number <u>30</u>	Township number T <u>19</u> S R <u>3</u>	Range number <u>EW</u>
2. Distance and direction from nearest town or city: <u>1 W 1/2 S</u>			3. Owner of well: <u>John J. Hudson</u>		
Street address of well location if in city: <u>Mcpherson</u>			R.R. or street: <u>1330 N. High Dr.</u>		
			City, state, zip code: <u>Mcpherson, KS. 67460</u>		
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map:		
			6. Bore hole dia. <u>10</u> in. Completion date <u>7-28-76</u> Well depth <u>142</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>Pre</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>30</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>54</u> lbs./ft. Dia. <u>5</u> in. to <u>142</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>142</u> ft. depth gage No. <u>258</u>		
5. Type and color of material			From	To	10. Screen: Manufacturer's name <u>Certain Tech</u>
<u>Top Soil</u>			<u>0</u>	<u>3</u>	Type <u>Pre</u> Dia. <u>5"</u>
<u>yellow clay</u>			<u>3</u>	<u>23</u>	Slot/gauze <u>76</u> Length <u>10</u>
<u>Red clay</u>			<u>23</u>	<u>42</u>	Set between <u>130</u> ft. and <u>140</u> ft. _____ ft. and _____ ft.
<u>yellow & Red clay</u>			<u>42</u>	<u>65</u>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>5-32</u>
<u>fine to medium sand</u>			<u>65</u>	<u>90</u>	11. Static water level: _____ mo./day/yr. <u>90</u> ft. below land surface Date <u>7-28-76</u>
<u>Red clay</u>			<u>90</u>	<u>115</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>Medium sand</u>			<u>115</u>	<u>142</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>0</u> ft. to <u>10</u> ft.
					16. Nearest source of possible contamination: <u>sewer</u> ft. <u>60</u> Direction <u>NE</u> Type <u>line</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: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other
					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.</u> <u>180</u> Business name _____ License No. _____ Address <u>Tampa, KS.</u> Signed <u>Paul Backhus</u> Date <u>8-3-76</u> Authorized representative
18. Elevation:			19. Remarks: <u>owner to run concrete</u> <u>slab around well 4'x4'x4"</u>		
Topography: _____ Hill _____ Slope <input checked="" type="checkbox"/> Upland _____ Valley					

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

Form WWC-5