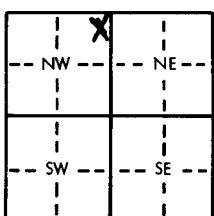


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82g-1201-1215

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well: <u>McPherson</u>		County: <u>McPherson</u>	Fraction: <u>NE 1/4 NE 1/4 NW 1/4</u>	Section number: <u>7</u>	Township number: <u>19</u>	Range number: <u>4</u>
2. Distance and direction from nearest town or city: <u>4 N 1 1/2 W</u>				3. Owner of well: <u>Wyane Ensminger</u>		
Street address of well location if in city: <u>Conway</u>				R.R. or street: <u>709 S Chestnut</u>		
				City, state, zip code: <u>McPherson KS, 67460</u>		
4. Locate with "X" in section below:  Sketch map:				6. Bore hole dia. <u>5</u> in. Completion date <u>3-20-76</u> Well depth <u>154</u> ft.		
				7. <input checked="" type="checkbox"/> Cable tool <input 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: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>4 ft.</u> in. RMP <u>PVC</u> <input checked="" type="checkbox"/> Weight <u>160</u> lbs./ft. Dia. <u>5</u> in. to <u>154</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>154</u> ft. depth Gauge No. <u>0231</u>		
5. Type and color of material				From	To	10. Screen: Manufacturer's name <u>Certain Tech</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/8</u> Length <u>35'</u> Set between <u>90</u> ft. and <u>100</u> ft. <u>135</u> ft. and <u>150</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>20</u>
<u>Top Soil</u>				<u>0</u>	<u>3</u>	11. Static water level: _____ mo./day/yr. <u>82</u> ft. below land surface Date <u>3-20-76</u>
<u>Yellow Clay</u>				<u>3</u>	<u>20</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>Brown Sandy Clay</u>				<u>20</u>	<u>35</u>	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____
<u>Yellow + Red Clay</u>				<u>35</u>	<u>62</u>	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade
<u>Red Shale</u>				<u>62</u>	<u>95</u>	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.
<u>Some water</u>				<u>95</u>		16. Nearest source of possible contamination: <u>Septic</u> ft. <u>60</u> Direction <u>S</u> Type <u>Tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____
<u>Red Shale</u>				<u>95</u>	<u>142</u>	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 _____
<u>Water</u>				<u>142</u>		18. Elevation: _____
<u>Red Shale</u>				<u>142</u>	<u>154</u>	19. Remarks: <u>Pump not installed by my company</u> <u>Owner to run concrete slab around well</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 _____ License No. _____ Address <u>Tampa, Ky</u> Signed <u>Paul Backhus</u> Date <u>3-23-76</u> Authorized representative

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

Form WWC-5

19-4E-7 NENE NW
T R Sec 1/4 1/4 1/4