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 McPherson	Fraction NW 1/4 SW 1/4 NW 1/4	Section number 7	Township number T 20 S	Range number R 2 E Ⓦ

2. Distance and direction from nearest town or city: 2 E 2S
1 E 1 1/4 S
Street address of well location if in city: McPherson

3. Owner of well: Myron Goering
R.R. or street: RR1
City, state, zip code: McPherson Ks. 67460

4. Locate with "X" in section below: Sketch map:

N

| NW | NE |
| SW | SE |

W — E   S

1 Mile

1 Mile

6. Bore hole dia. 10 in. Completion date
Well depth 55 ft. 8-13-76

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning X Stock
X Lawn __ Oil field water __ Other

9. Casing: Material PVC Height: Above or below
Threaded ____ Welded ____ Surface 19 in.
RMP____ PVC X Weight Sch40 lbs./ft.
Dia. 5 in. to 55 ft. depth Wall Thickness, inches or
Dia. __ in. to __ ft. depth gage No. .258

5. Type and color of material	From	To
Top Soil	0	3
Yellow Clay	3	38
Fine Sand	38	40
Sand Rock	40	42
Clay	42	45
Medium Sand	45	54
Red Clay	54	55

10. Screen: Manufacturer's name ____
Type PVC Dia. 5"
Slot/gauze 70 Length 10
Set between 45 ft. and 55 ft.
____ ft. and ____ ft.
Gravel pack? X Size range of material 8-30

11. Static water level: mo./day/yr.
36 ft. below land surface Date 8-13-76

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.
__ Yes X No Date ____

14. Well head completion:
X Pitless adapter ____ Inches above grade

15. Well grouted? X
With: __ Neat cement __ Bentonite X Concrete
Depth: From 10 ft. to 20 ft.

16. Nearest source of possible contamination: Barn
ft. 150 Direction E Type yard
Well disinfected upon completion? X Yes __ No

17. Pump: X 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
X Upland
__ Valley

19. Remarks: Owner to run concrete
Slab around well 4'x4'x's.

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.
Business name Backhoe Drg. 180 License No.
Address Tampa Ks
Signed Paul Backhus Date 8-13-76
Authorized representative

T 20 R 2 E Sec 7 NW SW NW 1/4 1/4 1/4

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

Form WWC-5