

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
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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 <b>McPherson</b>	Fraction <b>NW 1/4 NE 1/4</b>	Section number <b>6</b>	Township number <b>T 20 S</b>	Range number <b>R 3 E</b>
2. Distance and direction from nearest town or city: <b>Southwest of City</b> Street address of well location if in city:			3. Owner of well: <b>City of McPherson</b> City Building McPherson, Kansas City, state, zip code:			
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: <b>Monitor Well No. 5-77</b>			
5. Type and color of material			From	To	6. Bore hole dia. <b>8</b> in. Completion date <b>3/17/77</b> Well depth <b>200</b> ft.	
Top soil			0	2	7. 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	
Brown and tan clay			2	47	8. Use: <input 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 checked="" type="checkbox"/> Other	
Med. to co. sand			47	69	9. Casing: Material <b>PVC</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>2.0</b> lbs./ft. Dia. <b>4</b> in. to <b>163</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>0.237</b>	
Tan clay			69	76	10. Screen: Manufacturer's name <b>Layne</b> Type <b>Slotted</b> Dia. <b>4"</b> Slot/gauze <b>0.100"</b> Length <b>20'</b> Set between <b>163</b> ft. and <b>183</b> ft. Gravel pack? <b>yes</b> Size range of material <b>1/8-1/4"</b>	
Med. to co. sand to med. co. gravel			76	114	11. Static water level: <b>74.3</b> ft. below land surface Date <b>3/16/77</b>	
Tan clay w/sand lenses			114	130	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.	
Med. to co. sand to med. co. gravel			130	164	13. Water sample submitted: <b>X</b> Yes <input type="checkbox"/> No Date <b>3/14/77</b>	
Gray clay			164	172	14. Well head completion: <input type="checkbox"/> Pitless adapter ____ Inches above grade	
Med. to co. sand to med. co. gravel			172	183	15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.	
Blue-gray shale			183	200	16. Nearest source of possible contamination: <b>**</b> ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
1494 173 1311					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)					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. <b>Layne Western Co. 102</b> Business name <b>Wichita, Kansas</b> License No. ____ Address ____ Signed <b>[Signature]</b> Date <b>4/5/77</b> Authorized Representative	
18. Elevation: <b>1494+-</b> Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <b>** Not determined</b>				

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

Form WWC-5