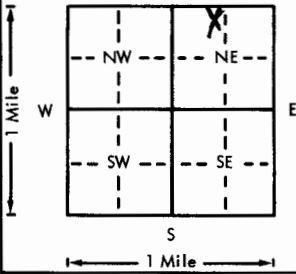


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>Ne 1/4 Ne 1/4 Ne 1/4</u>	Section number <u>9</u>	Township number <u>T 20 S</u>	Range number <u>R 3 E</u>
2. Distance and direction from nearest town or city: Street address of well location if in city:		<u>2 N 1 1/4 W</u> <u>Clayton</u>		3. Owner of well: <u>Maynard Krehbiel</u> R.R. or street: <u>RR 1</u> City, state, zip code: <u>Mepherson KS 67460</u>		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <u>9</u> in. Completion date Well depth <u>108</u> ft. <u>9-14-76</u>		
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>3</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 Clay</u>		<u>3</u>	<u>24</u>	9. Casing: Material <u>PVC</u> Height: <u>93</u> in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>Sch 40</u> lbs./ft.		
<u>fine Sand</u>		<u>24</u>	<u>27</u>	Dia. <u>5</u> in. to <u>108</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>108</u> ft. depth gage No. <u>1258</u>		
<u>Red + yellow Clay</u>		<u>27</u>	<u>65</u>	10. Screen: Manufacturer's name <u>Certain teed</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>5p</u> Length <u>10'</u> Set between <u>95</u> ft. and <u>105</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4-30</u>		
<u>fine to medium Sand</u>		<u>65</u>	<u>80</u>	11. Static water level: <u>65</u> ft. below land surface Date <u>9-14-76</u> mo./day/yr.		
<u>Medium Sand</u>		<u>80</u>	<u>105</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>Red Clay</u>		<u>105</u>	<u>108</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>10</u> ft. to <u>20</u> ft.		
				16. Nearest source of possible contamination: <u>Power</u> ft. <u>100</u> Direction <u>E</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		
18. Elevation: Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input 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 License No. Address <u>Topeka, KS.</u> Signed <u>Paul Backhus</u> Date <u>9-22-76</u> Authorized representative		

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

Form WWC-5