

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 <u>Moppherson</u>	Fraction <u>NE 1/4 SE 1/4 SE 1/4</u>	Section number <u>16</u>	Township number T <u>20</u> S R <u>3</u> E <u>N</u>	Range number		
2. Distance and direction from nearest town or city: Street address of well location if in city:	<u>1 W 1 3/4 N</u> <u>Elyria</u>		3. Owner of well: <u>Bend J. Stucky</u> R.R. or street: <u>RR 1</u> City, state, zip code: <u>Moppherson 67460</u>				
4. Locate with "X" in section below: N W E S 1 Mile	Sketch map: 		6. Bore hole dia. <u>9 1/2</u> in. Completion date Well depth <u>115</u> ft. <u>2-24-76</u>				
5. Type and color of material			From	To	7. <input 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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" 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>7 1/2</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> <u>4000</u> lbs./ft. Dia. <u>5</u> in. to <u>115</u> ft. depth Wall Thickness: <u>160</u> inches or Dia. <u>5</u> in. to <u>115</u> ft. depth gage No. <u>00231</u>				
			10. Screen: Manufacturer's name <u>Certain-Seed</u> Type <u>PVC</u> Dia. <u>3</u> Slot/gauze <u>70</u> Length <u>10</u> Set between <u>100</u> ft. and <u>110</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>7-30</u>				
			11. Static water level: <u>42</u> ft. below land surface Date <u>2-27-76</u> mo./day/yr.				
(Use a second sheet if needed)			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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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>3</u> ft. to <u>13</u> ft.				
			16. Nearest source of possible contamination: <u>Caip</u> ft. <u>35</u> Direction <u>N</u> Type <u>lot</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes ____ No				
(Use a second sheet if needed)			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				
			18. Elevation:				
			19. Remarks: <u>Pump not installed by my company. 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 <u>Tampa Kc.</u> License No. ____ Address <u>Paul Backhus</u> Date <u>2-23-76</u> Signed <u>Paul Backhus</u> Authorized representative				
			Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				

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

Form WWC-5