

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>McPherson</u> Fraction <u>1 NE 1/4 NE 1/4 NE 1/4</u> Section number <u>17</u> Township number <u>T 20 S</u> Range number <u>R 3</u> <u>W</u>	
2. Distance and direction from nearest town or city: <u>3 to 7 McPherson</u> 3. Owner of well: <u>George Moore</u> Street address of well location if in city: R.R. or street: <u>RR2</u> City, state, zip code: <u>McPherson Kans. 67460</u>	
4. Locate with "X" in section below: Sketch map: <u>IV</u>  N W E S 1 Mile Well 5' S.W. of SW corner of house Bore 20' S.W. of house 8' SW corner of house	
5. Type and color of material	
6. Bore hole dia. <u>8</u> in. Completion date <u>1-24-76</u> Well depth <u>129</u> ft.	
7. Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug 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>PEST</u> Height: <u>(Above)</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>10</u> lbs./ft. Dia. <u>5</u> in. to <u>129</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>129</u> ft. depth gage No. <u>10</u>	
10. Screen: Manufacturer's name <u>Get Screen</u> Type <u>PVC</u> Dia. <u>5</u> in. Slot/gauze <u>732</u> Length <u>20</u> ft. Set between <u>129</u> ft. and <u>109</u> ft. <u>89</u> ft. and <u>69</u> ft. Gravel pack? <u>yes</u> Size range of material <u>28-34</u>	
11. Static water level: <u>48</u> ft. below land surface Date <u>1-24-76</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>50</u> ft. after <u>2</u> hrs. pumping <u>15</u> g.p.m. ft. after <u>   </u> hrs. pumping <u>   </u> g.p.m. Estimated maximum yield <u>100</u> g.p.m.	
13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>   </u> mo./day/yr.	
14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>18</u> inches above grade	
15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>7</u> ft. to <u>18</u> ft.	
16. Nearest source of possible contamination: ft. <u>50</u> Direction <u>S.E</u> Type <u>Septic</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 <u>   </u> Model number <u>   </u> HP <u>   </u> Volts <u>   </u> Length of drop pipe <u>   </u> ft. capacity <u>   </u> 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: <u>1483</u> Topo <u>   </u> Topography: <u>   </u> Hill <u>   </u> Slope <u>   </u> Upland <u>   </u> Valley	
19. Remarks: <u>Mr Moore will pour 2' sq. Concrete around well when Pitless Adapter is installed. He installed pump</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>Dutton Bros Inc</u> License No. <u>138</u> Business name <u>Bay 150 Lindsborg Kan</u> Address <u>   </u> Signed <u>Wally Peterson</u> Date <u>1-30-76</u> Authorized representative	

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

Form WWC-5