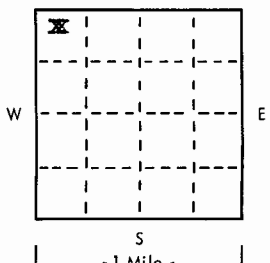


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County McPherson	Township name King City	Fraction N/W¹/₄ N/W¹/₄ N/W¹/₄	Section number 22	Town number 20-S	Range number 3-W
Distance and direction from nearest town or city: 1 1/4 W 1 MI North Of Elyria			3 Owner of well: Herb C. Stucky			
Street address of well location if in city:			Address: R.R.2 McPherson, Kansas			
Locate with "X" in section below: 			Sketch map:			4 Well depth: 120 ft. Date of completion: 4-11-75 Well diameter 9 in.
2 Type and color of material			From		To	
			Type and color of material			
Yellow Clay			0		45	
Fine Sand			45		47	
Yellow Clay			47		58	
Fine To Medium Sand			58		65	
Yellow Clay			65		80	
Red Clay			80		90	
Medium Sand			90		105	
Medium To Course Sand			105		118	
Blue Shale			118		120	
1478 118 1360						
(use a second sheet if needed)						
16 Remarks: elevation 1478 750 Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			5 Screen: Manufacturer Certain-teed Type Plastic Dia. 5-In Slot/gauze 1/16 Length 12ft. Set between 106 ft. and 118 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4			
			9 Static water level: 60 ft. below land surface Date 4-11-75			
			10 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.			
			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____			
			12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade			
			13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> ____ Depth: From 3 ft. to 13 ft.			
			14 Nearest source of possible contamination: ft. 75 Direction North Type Pasture Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
			15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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			
17 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. Backhus Drilling 180 Business name _____ License No. _____ Address Topeka, Kansas 67483 Signed Paul H. Backhus Date 4-11-75 Authorized representative						

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5