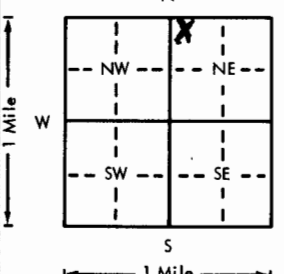


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>McPherson</u>	Fraction <u>NW 1/4 NW 1/4</u>	Section number <u>8</u>	Township number <u>T 20 S R 4</u>	Range number <u>4</u>
2. Distance and direction from nearest town or city: Street address of well location if in city:		<u>7 N</u> <u>SW Inman</u>		3. Owner of well: <u>Larry Hawkins</u> R.R. or street: <u>BR</u> City, state, zip code: <u>McPherson, KS. 67460</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9.75</u> in. Completion date Well depth <u>87</u> ft. <u>11-1-76</u>		
				7. <input checked="" type="checkbox"/> Cable tool <input 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		
5. Type and color of material		From		To		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>Top Soil</u>		<u>0</u>		<u>3</u>		9. Casing: Material <u>Pvc</u> Height: <u>93</u> above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>34</u> lbs./ft. Dia. <u>5</u> in. to <u>   </u> ft. depth Wall Thickness: <u>1.3125</u> inches Dia. <u>   </u> in. to <u>   </u> ft. depth gage No. <u>   </u>
<u>Red + yellow Clay</u>		<u>3</u>		<u>22</u>		10. Screen: Manufacturer's name <u>   </u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/16</u> Length <u>30</u> Set between <u>60</u> ft. and <u>80</u> ft. <u>   </u> ft. and <u>   </u> ft.
<u>Red Shale</u>		<u>22</u>		<u>36</u>		Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4-10</u>
<u>little water</u>		<u>36</u>		<u>   </u>		11. Static water level: <u>42</u> ft. below land surface Date <u>   </u> mo./day/yr.
<u>Red Shale</u>		<u>36</u>		<u>77</u>		12. Pumping level below land surfaces: <u>   </u> ft. after <u>   </u> hrs. pumping <u>   </u> g.p.m. <u>   </u> ft. after <u>   </u> hrs. pumping <u>   </u> g.p.m. Estimated maximum yield <u>   </u> g.p.m.
<u>Water</u>		<u>77</u>		<u>80</u>		13. Water sample submitted: <u>   </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>   </u>
<u>Red + Blue Shale</u>		<u>80</u>		<u>87</u>		14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>   </u> inches above grade
						15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.
						16. Nearest source of possible contamination: <u>Septic</u> ft. <u>200</u> Direction <u>SW</u> Type <u>Tank</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>1530</u> Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks:		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. 100</u> Business name <u>Tampa KS</u> License No. <u>   </u> Address <u>   </u> Signed <u>   </u> Date <u>   </u> Authorized representative		

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

Form WWC-5