

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 <b>McPherson</b>	Fraction <b>NW 1/4 SE 1/4 NE 1/4</b>	Section number <b>11</b>	Township number <b>T 20</b>	Range number <b>S R 4W E/W</b>
2. Distance and direction from nearest town or city: <b>3 E 2 1/4 S</b> Street address of well location if in city: <b>1/4 W. MCPHERSEN</b>			3. Owner of well: <b>George Moors</b> R.R. or street: <b>RFD</b> City, state, zip code: <b>McPherson, Kansas 67031</b>			
4. Locate with "X" in section below: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>N</p> <p>W</p> <p>S</p> <p>E</p> <p>1 Mile</p> </div> <div> <p>Sketch map:</p> </div> </div>			6. Bore hole dia. <b>28</b> in. Completion date <b>5/1/78</b> Well depth <b>204</b> ft.			
5. Type and color of material			7. <input 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 checked="" type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary			
			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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 <b>transite</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>30</b> lbs./ft. Dia. <b>16</b> in. to <b>148</b> ft. depth Wall Thickness: inches or Dia. <b>16</b> in. to <b>148</b> ft. depth gage No. <b>778-34</b>			
			10. Screen: Manufacturer's name <b>Johnson</b> Type <b>sawed</b> Dia. <b>16</b> Slot/gauze <b>3/16</b> Length <b>52</b> Set between <b>143</b> ft. and <b>195</b> ft. ft. and ft. Gravel pack? <b>yes</b> Size range of material <b>1/8-1/4</b>			
			11. Static water level: <b>58</b> ft. below land surface Date <b>5-1-78</b> mo./day/yr.			
(Use a second sheet if needed)			12. Pumping level below land surfaces: <b>72</b> ft. after <b>6</b> hrs. pumping <b>900</b> g.p.m. <b>80</b> ft. after <b>125</b> hrs. pumping <b>1250</b> g.p.m. Estimated maximum yield _____ g.p.m.			
			13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>9/22/77</b>			
			14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade			
			15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.			
			16. Nearest source of possible contamination: ft. _____ Direction <b>None</b> Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
18. Elevation:  Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			17. Pump: _____ Manufacturer's name <b>Western Land Roller</b> Model number <b>451220H</b> <b>80</b> Volts Length of drop pipe <b>90</b> ft. capacity <b>1000</b> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
			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. <b>Darling Drilling Co.</b> <b>189</b> Business name License No. Address <b>211 W. 14th, Hutchinson, Kans</b> Signed <b>Donald J. Darling</b> Date <b>6-2-78</b> Authorized Representative			
			19. Remarks:			

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

Form WWC-5