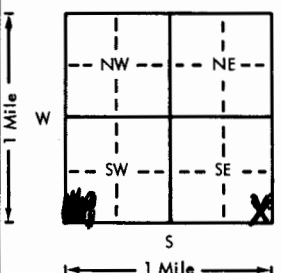


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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: <u>McPherson</u>		County: <u>McPherson</u>		Fraction: <u>SE SE SE SE</u>		Section number: <u>16</u>		Township number: <u>T 20</u>		Range number: <u>S R 4</u>	
2. Distance and direction from nearest town or city: <u>5 N 1 E</u>						3. Owner of well: <u>Neil Walker</u>					
Street address of well location if in city: <u>Inman</u>						City, state, zip code: <u>McPherson KS.</u>					
4. Locate with "X" in section below: Sketch map: 						6. Bore hole dia. <u>4</u> in. Completion date: <u>10-19-76</u> Well depth <u> </u> ft.					
						7. <input checked="" 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 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>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>TP</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>8440</u> lbs./ft. Dia. <u>5</u> in. to <u>80</u> ft. depth Wall Thickness: <u> </u> inches Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>238</u>					
5. Type and color of material						From		To		10. Screen: Manufacturer's name <u>P.S.I.</u>	
<u>Top Soil</u>						<u>0</u>		<u>2</u>		Type <u>PVC</u> Dia. <u>5"</u>	
<u>yellow + Red Clay</u>						<u>2</u>		<u>45</u>		Slot/gauze <u>5/8"</u> Length <u>10'</u>	
<u>fine to medium sand</u>						<u>45</u>		<u>60</u>		Set between <u>63</u> ft. and <u>73</u> ft.	
<u>Medium Sand</u>						<u>60</u>		<u>75</u>		Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4-30</u>	
<u>Gray Clay + Shale</u>						<u>75</u>		<u>80</u>		11. Static water level: <u>60</u> ft. below land surface Date <u> </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.					
						13. Water sample submitted: <u> </u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u> </u>					
						14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u> </u> inches above grade					
						15. Well grouted? <input checked="" type="checkbox"/> With: <u> </u> Neat cement <u> </u> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>73</u> ft.					
						16. Nearest source of possible contamination: <u>Septic tank</u> ft. <u>80</u> Direction <u>W</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>1470</u>						19. Remarks:					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						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. 120</u> Business name <u>Tampa KS.</u> License No. <u> </u> Address <u> </u> Signed <u>Paul Backhus</u> Date <u>10-20</u> Authorized representative					

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

Form WWC-5