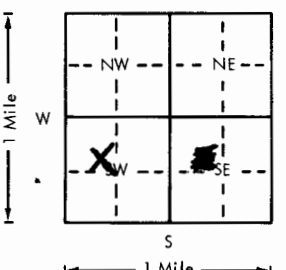


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Mpherson	Fraction Se 1/4 NW 1/4 SW 1/4	Section number 23	Township number T 20 S	Range number R 4 E
2. Distance and direction from nearest town or city: Street address of well location if in city:		In City Groveland		3. Owner of well: Glen Jones R.R. or street: BR 1 City, state, zip code: Inman Mo. 67546		
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile		Sketch map: 		6. Bore hole dia. 9 in. Completion date 2-20-79 Well depth 102 ft.		
5. Type and color of material		From		To		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
Top Soil		0		3		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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
Clay		3		32		9. Casing: Material PVC Height: 92 in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 21.60 lbs./ft. Dia. 5 in. to 102 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. Sch 40
fine Sand		32		36		10. Screen: Manufacturer's name ASIM Type PVC Dia. 5" Slot/gauze 1/16 Length 102 Set between 92 ft. and 102 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 4-20
Yellow & Red Clay		36		60		11. Static water level: 50 ft. below land surface Date 2-20-79 mo./day/yr.
fine to medium Sand		60		70		12. Pumping level below land surfaces: ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.
Gray Clay		70		78		13. Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date <input type="checkbox"/>
Medium to coarse Sand		78		102		14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade
Gray Clay		102		108		15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 3 ft. to 13 ft.
						16. Nearest source of possible contamination: ft. 75+ Direction NE Type Lugume Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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:		19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		Owner to run concrete Slab around well 4'x4'x4"		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Backhus Drg. 180 Business name Tampa Mo. License No. <input type="checkbox"/> Address Paul Beall Date 2-27-79 Signed Paul Beall Authorized representative		

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

Form WWC-5