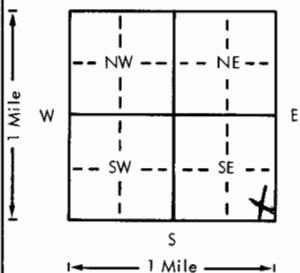


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>Mpherson</u>	Fraction <u>Se 1/4 Sec 14 T20 S R 4</u>	Section number <u>32</u>	Township number <u>T 20</u>	Range number <u>S R 4</u>
2. Distance and direction from nearest town or city:		<u>2 1/2 N</u>		3. Owner of well: <u>David Goertsen</u>		
Street address of well location if in city:		<u>Inman</u>		City, state, zip code: <u>RR1 Inman KS. 67546</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia <u>7-2</u> in. Completion date <u>11-13-78</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>2</u>		9. Casing: Material <u>Styrene</u> Height: <u>Above</u> or below
<u>Red Shale</u>		<u>2</u>		<u>45</u>		Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>TP</u> in.
<u>Some Water</u>		<u>45</u>		<u>46</u>		RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>200 wall</u> lb./ft.
<u>Red Shale</u>		<u>46</u>		<u>80</u>		Dia. <u>5</u> in. to <u>100</u> ft. depth
<u>Water</u>		<u>80</u>		<u>89</u>		W. 10 in. to <u>100</u> ft. depth
<u>Red Shale</u>		<u>89</u>		<u>100</u>		gauge No. <u>200 wall</u>
						10. Screen: Manufacturer's name <u>Cer max</u>
						Type <u>Styrene</u> Dia. <u>3-1</u>
						Slot/gauze <u>50</u> Length <u>3-0</u>
						Set between <u>40</u> ft. and <u>3-0</u> ft.
						<u>83</u> ft. and <u>93</u> ft.
						Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>30</u>
						11. Static water level: _____ mo./day/yr.
						_____ ft. below land surface Date _____
						12. 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.
						13. Water sample submitted: _____ mo./day/yr.
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
						14. Well head completion:
						<input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade
						15. Well grouted? <input checked="" type="checkbox"/>
						With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete
						Depth: From <u>4</u> ft. to <u>14</u> ft.
						16. Nearest source of possible contamination: <u>sewer</u>
						ft. <u>60+</u> Direction <u>N</u> Type <u>line</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 _____
						Model number _____ HP _____ Volts _____
						Length of drop pipe _____ ft. capacity _____ 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: <u>owner to run concrete</u>		20. Water well contractor's certification:		
Topography:		<u>Slab around well 4'x4'x4'</u>		This well was drilled under my jurisdiction and this report		
<input checked="" type="checkbox"/> Hill				is true to the best of my knowledge and belief.		
<input checked="" type="checkbox"/> Slope				Business name <u>Backhus Dmg. 180</u>		
<input type="checkbox"/> Upland				Address <u>Tampa Co.</u>		
<input type="checkbox"/> Valley				Signed <u>Paul Backhus</u> Date <u>12-18-78</u>		

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

Form WWC-5