

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>Moprherson</u>	Fraction <u>Se 1/4 Se 1/4 Se 1/4</u>	Section number <u>32</u>	Township number <u>T 20</u>	Range number <u>S 4 R 4 E 10</u>
2. Distance and direction from nearest town or city: Street address of well location if in city:	<u>1 1/2 N</u> <u>Inman</u>		3. Owner of well: <u>Goertzen Builders</u> R.R. or street: <u>BRI</u> City, state, zip code: <u>Inman, Mo. 67346</u>		
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. <u>9 1/2</u> in. Completion date Well depth <u>92</u> ft. <u>12-16-78</u>		
5. Type and color of material	From	To	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		
<u>Top Soil</u>	<u>0</u>	<u>3</u>	8. Use: <input 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 checked="" type="checkbox"/> Other <u>Pond</u>		
<u>Red Shale</u>	<u>3</u>	<u>50</u>	9. Casing: Material <u>Styrene</u> Height: <u>90</u> ft. below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>200 wlb./ft.</u> Dia. <u>5</u> in. to <u>92</u> ft. depth Wall thickness: inches or Dia. <u>5</u> in. to <u>92</u> ft. depth gage No. <u>200 wlb.</u>		
<u>Some water</u>	<u>50</u>	<u>51</u>	10. Screen: Manufacturer's name <u>Per max</u> Type <u>Styrene</u> Dia. <u>5"</u> Slot/gauze <u>1/2</u> Length <u>20</u> Set between <u>43</u> ft. and <u>53</u> ft. <u>77</u> ft. and <u>87</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>30</u>		
<u>Red Shale</u>	<u>51</u>	<u>80</u>	11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____		
<u>Water</u>	<u>80</u>	<u>81</u>	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.		
<u>Red Shale</u>	<u>81</u>	<u>92</u>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input 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>0</u> ft. to <u>10</u> ft.		
			16. Nearest source of possible contamination: ft. <u>60+</u> Direction <u>N</u> Type <u>lugume</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's to run concrete</u> <u>Slab around well 4'x4'x4"</u>		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 _____ License No. _____ Address <u>Jampa, Mo.</u> Signed <u>Paul Backhus</u> Date <u>12-18-78</u> Authorized representative		

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

Form WWC-5