

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>Mepherson</u>		Fraction <u>SW 1/4 SE 1/4 SE 1/4</u>	Section number <u>36</u>	Township number <u>20</u>	Range number <u>4</u>
2. Distance and direction from nearest town or city: <u>2 W 3 3/4 E</u>			3. Owner of well: <u>Gerald Baerg</u>		
Street address of well location if in city: <u>Inman</u>			R.R. or street: <u>RR1</u>		
City, state, zip code: <u>Inman KS 67546</u>			4. Locate with "X" in section below:		
Sketch map:			6. Bore hole dia. <u>10</u> in. Completion date <u>8-3-76</u>		
Well depth <u>110</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>PRO</u> Height: <u>above</u> or below			Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>14</u> in.		
RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>3440</u> lbs./ft.			Dia. <u>5</u> in. to <u>110</u> ft. depth Wall Thickness: inches or		
Dia. <u>5</u> in. to <u>110</u> ft. depth gage No. <u>238</u>			10. Screen: Manufacturer's name <u>Certain's</u>		
Type <u>PVC</u> Dia. <u>5 1/2</u>			Slot/gauze <u>76</u> Length <u>10'</u>		
Set between <u>100</u> ft. and <u>110</u> ft.			Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4-3/8</u>		
11. Static water level: <u>50</u> ft. below land surface Date <u>8-3-76</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.			13. Water sample submitted: _____ mo./day/yr.		
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____			14. Well head completion:		
<input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade			15. Well grouted? <input checked="" type="checkbox"/>		
With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete			Depth: From <u>3</u> ft. to <u>13</u> ft.		
16. Nearest source of possible contamination: <u>Septic</u>			ft. <u>50</u> Direction <u>S</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 _____			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			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. 180</u>		
Business name _____ License No. _____			Address <u>Tampa KS.</u>		
Signed <u>David Backhus</u> Date <u>8-3-76</u>			Authorized representative <u>8-3-76</u>		

18. Elevation:

Topography:

☐ Hill

☒ Slope

☒ Upland

☐ Valley

19. Remarks:

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

Form WWC-5