

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>Mepherson</u>	Fraction <u>Ne 1/4 Ne 1/4 NW 1/4</u>	Section number <u>21</u>	Township number T <u>21</u> S	Range number R <u>1</u> E <u>W</u>		
2. Distance and direction from nearest town or city: Street address of well location if in city:	<u>4 1/2 E - 1 N</u> <u>Moundridge</u>		3. Owner of well: <u>Clayton Wenger</u> R.R. or street: <u>BB2</u> City, state, zip code: <u>Moundridge, Mo.</u>				
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile	Sketch map: 		6. Bore hole dia. <u>4 1/2</u> in. Completion date Well depth <u>44</u> ft. <u>11-4-76</u>				
5. Type and color of material			From	To	7. 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>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>12.5</u> lbs./ft. Dia. <u>5</u> in. to <u>4 1/2</u> ft. depth Wall thickness: <u>1/8</u> inches or Dia. <u>5</u> in. to <u>4 1/2</u> ft. depth gage No. <u>1258</u>				
			10. Screen: Manufacturer's name <u>D.V.M.</u> Type <u>PVC</u> Dia. <u>3 1/2</u> Slot/gauze <u>7/16</u> Length <u>10</u> Set between <u>25</u> ft. and <u>35</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4-8</u>				
			11. Static water level: <u>20</u> ft. below land surface Date <u>11-4-76</u> 12. Pumping level below land surfaces: <u>20</u> ft. after <u>1</u> hrs. pumping <u>1</u> g.p.m. <u>20</u> ft. after <u>1</u> hrs. pumping <u>1</u> g.p.m. Estimated maximum yield <u>1</u> g.p.m.				
(Use a second sheet if needed)			13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>11-4-76</u>				
			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>13</u> inches above grade				
			15. Well grouted? <input checked="" type="checkbox"/> With: <u>Neat cement</u> <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Depth: From <u>3</u> ft. to <u>13</u> ft.				
			16. Nearest source of possible contamination: <u>Septic</u> ft. <u>160</u> Direction <u>N</u> Type <u>Tanb</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>Backhus</u> Model number <u>180</u> HP <u>1</u> Volts <u>115</u> Length of drop pipe <u>11</u> ft. capacity <u>1</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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:		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 <u>Backhus</u> License No. <u>11-8-76</u> Address <u>Tampa, Mo.</u> Signed <u>Paul Backhus</u> Day Authorized representative <u>11-8-76</u>				

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

Form WWC-5