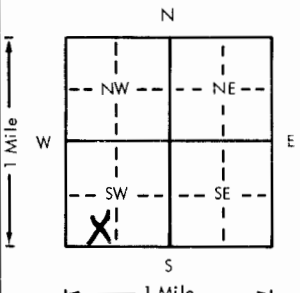


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>Mcpherson</u>	Fraction <u>SE 1/4 SW 1/4 SW 1/4</u>	Section number <u>27</u>	Township number T <u>21</u> S R	Range number <u>2</u> E W
2. Distance and direction from nearest town or city: Street address of well location if in city:	<u>1/4 W</u> <u>Moundridge</u>		3. Owner of well: <u>Harvey Stucky</u> R.R. or street: <u>RR1</u> City, state, zip code: <u>Moundridge</u>		
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. _____ in. Completion date Well depth: <u>54</u> ft. <u>R 29-78</u>		
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		
<u>Top Soil</u>	<u>0</u>	<u>2</u>	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
<u>Yellow + Red Clay</u>	<u>2</u>	<u>18</u>	9. Casing: Material <u>Pre</u> Height: <u>above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>23</u> in. RMP <u>5</u> PVC <input checked="" type="checkbox"/> Weight <u>6340</u> lbs./ft. Dia. <u>5</u> in. to <u>54</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <u>250+</u>		
<u>fine Sand</u>	<u>18</u>	<u>24</u>	10. Screen: Manufacturer's name <u>ASCO</u> Type <u>Pre</u> Dia. <u>3-4</u> Slot/gauze _____ Length <u>10'-3"</u> Set between <u>25</u> ft. and <u>35</u> ft. <u>45</u> ft. and <u>50</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4-10</u>		
<u>Medium Sand</u>	<u>24</u>	<u>32</u>	11. Static water level: _____ mo./day/yr. <u>20</u> ft. below land surface Date <u>R 29-78</u>		
<u>Gray Clay + Shale</u>	<u>32</u>	<u>45</u>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>12</u> g.p.m.		
<u>Rock Formation</u>	<u>45</u>	<u>50</u>	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
<u>Red Shale</u>	<u>50</u>	<u>54</u>	14. Well head completion: <u>15</u> Inches above grade <input type="checkbox"/> Pitless adapter		
			15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
			16. Nearest source of possible contamination: <u>77</u> ft. _____ Direction _____ Type <u>Pasture</u> Well disinfected upon completion? <input 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:		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 Dril 180</u> Business name _____ License No. _____ Address <u>Tampa, Mo.</u> Signed <u>Paul Backhus</u> Date <u>R 29-78</u> Authorized representative		

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

Form WWC-5