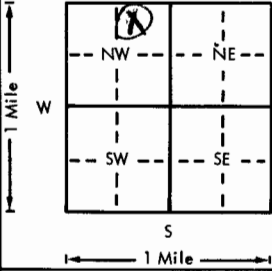


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>NW 1/4 NE 1/4 NW 1/4</u>	Section number <u>33</u>	Township number <u>T 21 S R 2 E</u>	Range number <u>2</u>
2. Distance and direction from nearest town or city: <u>1 South - 13 1/4</u> Street address of well location if in city: <u>West - Mount Village</u>		3. Owner of well: <u>Orlo Goering</u> R.R. or street: <u>RR #1 Mount Village, KS</u> City, state, zip code:				
4. Locate with "X" in section below: 		Sketch map:		6. Bore hole dia. <u>12</u> in. Completion date <u>5/26/76</u> Well depth <u>105</u> ft.		
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
		Top loam		0 3		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
		fine blow sand		3 15		9. Casing: Material <u>plastic</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>3.96</u> lbs./ft. Dia. <u>6</u> in. to <u>105</u> ft. depth Wall Thickness: inches or Dia. <u>6</u> in. to <u>105</u> ft. depth gage No. <u>316</u>
		brown clay		15 20		10. Screen: Manufacturer's name <u>Cant-Tech - Own slot</u> Type <u>PVC</u> Dia. <u>6"</u> Slot/gauze <u>20/40</u> Length <u>40'</u> Set between <u>65</u> ft. and <u>105</u> ft. ft. and <u>105</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8 - 1/4</u>
		" " with fine sand		20 22		11. Static water level: <u>63</u> ft. below land surface Date <u>5/26/76</u> mo./day/yr.
		clay with small sand		22 54		12. Pumping level below land surfaces: <u>68</u> ft. after <u>2</u> hrs. pumping <u>20</u> g.p.m. ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>40</u> g.p.m.
		med. size sand		54 60		13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>
		clay with some small sand		60 78		14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u> </u> inches above grade
		medium sand		78 92		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>10</u> ft. to <u>0</u> ft.
		course sand		92 104		16. Nearest source of possible contamination: ft. <u>80</u> Direction <u>West</u> Type <u>sewer line</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
clay grey		104 105		17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>Valley</u> Model number <u>51208</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>60'</u> ft. capacity <u>12</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
(Use a second sheet if needed)						
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>PAULS INC.</u> <u>175</u> Business name License No. Address <u>Box 26 Hession</u> Signed <u>Paul B. Pauls</u> Date <u>5/26/76</u> Authorized Representative		

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

Form WWC-5