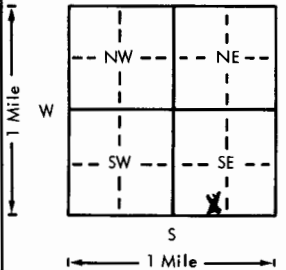


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>Moppherson</u>	Fraction <u>SE 1/4 SW 1/4 SE 1/4</u>	Section number <u>2</u>	Township number <u>T 21</u>	Range number <u>S R 5</u>
2. Distance and direction from nearest town or city: <u>IN 3 1/4 W</u>	3. Owner of well: <u>Arbyres Schroeder</u> R.R. or street: <u>RR 2 67546</u> City, state, zip code: <u>Inman, KS. 67546</u>				
4. Locate with "X" in section below: Sketch map: 		6. Bore hole dia. <u>8</u> in. Completion date <u>12-24-76</u> Well depth <u>92</u> ft.			
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 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	
<u>yellow Clay</u>		<u>3</u>	<u>32</u>	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>3.44</u> lbs./ft. 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>1253</u>	
<u>fine Sand</u>		<u>32</u>	<u>35</u>	10. Screen: Manufacturer's name <u>D.V.M.</u> Type <u>PVC</u> Dia. <u>5</u> in. Slot/gauze <u>20</u> Length <u>20</u> Set between <u>40</u> ft. and <u>50</u> ft. <u>80</u> ft. and <u>90</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>20</u>	
<u>yellow Shale</u>		<u>35</u>	<u>42</u>	11. Static water level: <u>40</u> ft. below land surface Date <u>12-24-76</u> mo./day/yr.	
<u>Some Water</u>		<u>42</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>42</u>	<u>85</u>	13. Water sample submitted: ____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date ____	
<u>Water</u>		<u>85</u>		14. Well head completion: <u>Well House</u> <input checked="" type="checkbox"/> Pitless adapter ____ Inches above grade	
<u>Red Shale</u>		<u>85</u>	<u>90</u>	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.	
<u>Blue Shale</u>		<u>90</u>	<u>92</u>	16. Nearest source of possible contamination: <u>Cattle</u> ft. <u>70</u> Direction <u>N</u> Type <u>Corral</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 to run concrete</u> <u>Slab around well</u> <u>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. 180</u> Business name <u>Tampa, KS</u> License No. ____ Address <u>Paul Backhus</u> Signed <u>Paul Backhus</u> Date <u>1-9-77</u> Authorized representative	

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

Form WWC-5