

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>SW 1/4 NW 1/4 NW 1/4</u>	Section number <u>2</u>	Township number <u>T 17 S</u>	Range number <u>R 3 W</u>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <u>WALLACE PETERSON</u> R.R. or street: <u>601 S. MAIN ST</u> City, state, zip code: <u>LINDSBORG KS 67456</u>		
4. Locate with "X" in section below: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> </div> <div> <p>Sketch map: <u>DOMESTIC WELL</u></p> </div> </div>			6. Bore hole dia. <u>8</u> in. Completion date <u>12-2-77</u> Well depth <u>53</u> ft.		
			7. <input 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 <input type="checkbox"/> Height <u>Above</u> 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>1 1/2</u> lbs./ft. Dia. <u>4</u> in. to <u>  </u> ft. depth Wall Thickness: inches or Dia. <u>  </u> in. to <u>  </u> ft. depth gage No. <u>  </u>		
5. Type and color of material			From	To	10. Screen: Manufacturer's name <u>Peerless Plastics</u>
<u>Top soil</u>			<u>0</u>	<u>5</u>	Type <u>PVC</u> Dia. <u>4"</u>
<u>Brown clay</u>			<u>5</u>	<u>10</u>	Slot/gauze <u>1/32"</u> Length <u>5'</u>
<u>Buff clay</u>			<u>10</u>	<u>30</u>	Set between <u>48</u> ft. and <u>53</u> ft. <u>  </u> ft. and <u>  </u> ft.
<u>Med. coarse brown sand + gravel</u>			<u>30</u>	<u>58</u>	Gravel pack? <u>yes</u> Size range of material <u>1/4"</u>
					11. Static water level: <u>22</u> ft. below land surface Date <u>12-3-77</u>
					12. Pumping level below land surfaces: <u>25</u> ft. after <u>1</u> hrs. pumping <u>15</u> g.p.m. <u>  </u> ft. after <u>  </u> hrs. pumping <u>  </u> g.p.m. Estimated maximum yield <u>25-50</u> g.p.m.
					13. Water sample submitted: <u>  </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>  </u>
					14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>  </u> inches above grade
					15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
					16. Nearest source of possible contamination: ft. <u>4000</u> Direction <u>N</u> Type <u>cattle</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: <u>  </u> Not installed Manufacturer's name <u>MEYERS</u> Model number <u>  </u> HP <u>3/4</u> Volts <u>220</u> Length of drop pipe <u>50</u> ft. capacity <u>10</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>Peterson Irrigation 138A</u> Business name License No. Address <u>Box 150 Lindsborg Ks.</u> Signed <u>Mike Chambers</u> Date <u>12-2-77</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					

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

Form WWC-5