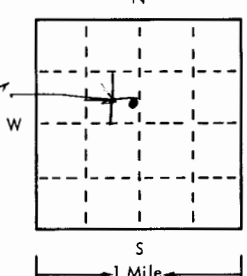
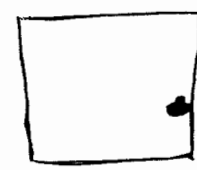


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County <u>McPherson</u>	Township name <u>Smokey Hill</u>	Fraction <u>SE SE</u>	Section number <u>4</u>	Town number <u>T17S</u>	Range number <u>R-3-W</u>				
Distance and direction from nearest town or city: <u>2 miles NW OF LINDSBURG, KS</u>			3 Owner of well: <u>PETERSON BROS</u>							
Street address of well location if in city:			Address: <u>Box 150 LINDSBURG, KANSAS</u>							
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>64</u> ft. Date of completion <u>1-10-75</u> Well diameter <u>36</u> in.						
				5 <input 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 checked="" type="checkbox"/> Reverse rotary						
2		Type and color of material		From		To		6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
								7 Casing: Material <u>CONCRETE</u> Weight: <u>3</u> ft. above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> Diam. <u>18</u> in. to <u>64</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>18</u> in. to <u>64</u> ft. depth		
		BLACK TOP SOIL		0		6		8 Screen: Manufacturer <u>JOHNSON CO.</u> Type <u>CONCRETE</u> Dia. <u>18</u> in. Slot/gauze <u>18</u> Length <u>32</u> ft. Set between <u>32</u> ft. and <u>64</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/4</u>		
		BUFF SANDY LOAM		6		9		9 Static water level: <u>18</u> ft. below land surface Date <u>1-10-75</u>		
		GREY CLAY		9		16		10 Pumping level below land surfaces: <u>45</u> ft. after <u>2</u> hrs. pumping <u>1000</u> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>1000</u> g.p.m.		
		FINE SAND		16		38		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____		
		LOOSE SAND + GRAVEL		38		64		12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
		SHALE - BLUE		64		66		13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> RIPPLED Depth: From <u>0</u> ft. to <u>15</u> ft. <u>CLAY</u>		
								14 Nearest source of possible contamination: ft. ____ Direction <u>SW</u> Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
								15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>WESTERN LANDPUMP</u> Model number <u>600</u> HP <u>60</u> Volts <u>480</u> Length of drop pipe <u>60</u> ft. capacity <u>1000</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
16 Remarks: elevation								17 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 BROS INC</u> <u>138</u> Business name License No. Address <u>Box 150 LINDSBURG KANSAS</u> Signed <u>William D. Peterson</u> Date ____ 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 Kansas State Dept. Of Health.

Form WWC-5