

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

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

WATER WELL RECORD  
KSA 82a-1201-1215

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>Smoky Hill</u>	Fraction <u>SE 1/4 - SE 1/4</u>	Section number <u>13</u>	Town number <u>T 17 S</u>	Range number <u>3 W</u>
Distance and direction from nearest town or city: <u>1/2 S - 3 3/4 East</u>				3 Owner of well: <u>Renard Adford</u>		
Street address of well location if in city: <u>from Lindsborg</u>				Address: <u>Lindsborg R.R. 2 Kans.</u>		
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>37</u> ft. Date of completion: <u>3-22-75</u> Well diameter <u>8</u> in.		
N W ——— E S 1 Mile				5 <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		
2		Type and color of material		From	To	6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>
		<u>Sandy Top Soil</u>		<u>0</u>	<u>2</u>	7 Casing: Material <u>PVC</u> Height: <u>(above/below)</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>5</u> in. to <u>37</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>5</u> in. to <u>37</u> ft. depth
		<u>Sandy red Clays</u>		<u>2</u>	<u>12</u>	8 Screen: <u>Centron Lead</u> Manufacturer <u>Centron Lead</u> Type <u>PVC</u> Dia. <u>10 ft</u> Slot/gauze <u>1/32</u> Length <u>10 ft</u> Set between <u>27</u> ft. and <u>37</u> ft. Fittings: <u>1/8"</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>    </u>
		<u>Grey clays &amp; fine sand</u>		<u>12</u>	<u>18</u>	9 Static water level: <u>7</u> ft. below land surface Date <u>3-22-75</u>
		<u>Red fine sands</u>		<u>18</u>	<u>24</u>	10 Pumping level below land surfaces: <u>9</u> ft. after <u>2</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>30</u> g.p.m.
		<u>Black fine sands</u>		<u>24</u>	<u>34</u>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>    </u>
		<u>Blue shales</u>		<u>34</u>	<u>37</u>	12 Well head completion: <u>12"</u> <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade
(use a second sheet if needed)						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> <u>    </u> Depth: From <u>0</u> ft. to <u>10</u> ft.
						14 Nearest source of possible contamination: ft. <u>250</u> Direction <u>S.W.</u> Type <u>Pit spring</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16 Remarks: elevation						15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>    </u> Model number <u>    </u> HP <u>    </u> Volts <u>    </u> Length of drop pipe <u>    </u> ft. capacity <u>    </u> g.m.p. 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
		<u>well 700 feet N.E. of house</u>				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 138</u> Business name License No. Address <u>Box 150 Lindsborg Kansas</u> Signed <u>Wallace Peterson</u> Date <u>3-24-75</u> By <u>T.P.</u> Authorized representative
		<u>down grade</u>				
		<u>no peddles or Septic System</u>				

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5