

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

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

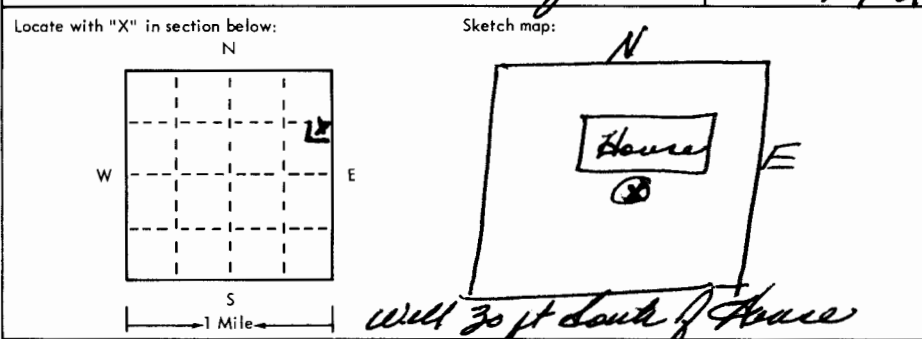
WATER WELL RECORD KSA 82a-1201-1215

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

McCombs SE 1/4 NE 1/4

1 Location of well: County *McPherson* Township name *Union* Fraction *SE 1/4 NE 1/4* Section number *17* Town number *T175* Range number *4-W*

Distance and direction from nearest town or city: *5 1/2 N Lindbergh, Mo.* 3 Owner of well: *Duane Patrick* Address: *P.O. 2 - Box 62 - Lindbergh, Mo.*



4 Well depth: *38* ft. Date of completion: *9-10-75* Well diameter *8* in. 5 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary 6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial Test well 7 Casing: Material *PVC* Height: above below Threaded Welded Surface *12* in. Diam. *5* in. Weight *39* lbs./ft. Drive shoe? Yes No *5* in. to *39* ft. depth

Type and color of material	From	To
<i>Top Soil</i>	<i>0</i>	<i>1</i>
<i>Silty Clays</i>	<i>1</i>	<i>14</i>
<i>fine sands & thick gravel</i>	<i>14</i>	<i>21 1/2</i>
<i>dark clays</i>	<i>21 1/2</i>	<i>28</i>
<i>Fine sands & coarse thick gravel</i>	<i>28</i>	<i>36</i>
<i>soft red clay</i>	<i>36</i>	<i>39</i>
<i>Blue shales</i>	<i>39</i>	<i>41</i>

8 Screen: *Bentonite* Manufacturer *PVC* Type *5"* Dia. *5"* Slot gauge *4/32* Length *20'* Set between *35* ft. and *15* ft. Fittings: *Y16-44* Gravel pack Yes No Size range of material *4* 9 Static water level: *11* ft. below land surface Date *9-10-75* 10 Pumping level below land surfaces: *15* ft. after *1 1/2* hrs. pumping *10* g.p.m. Estimated maximum yield *20* g.p.m. 11 Water sample submitted: Yes No Date *9-10-75* 12 Well head completion: *12"* Pitless adapter Inches above grade 13 Well grouted? Yes No Neat cement Bentonite Depth: From *0* ft. to *10* ft. 14 Nearest source of possible contamination: *100* ft. Direction *N.W.* Type *Septic* Well disinfected upon completion? Yes No 15 Pump: Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: Submersible Turbine Jet Reciprocating Centrifugal Other _____

16 Remarks: elevation Topography: Hill Slope Upland Volley (use o second sheet if needed)

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. *Peterson Builders* *138* Business name License No. Address *Box 150, Lindbergh, Mo.* Signed *Wallace Peterson* Date *9-10-75* Authorized representative *By AP*