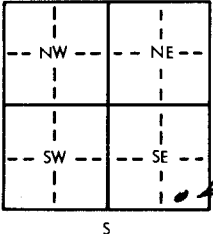


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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>1/4 SE 1/4 SE 1/4</u>	Section number <u>25</u>	Township number <u>T 17 S R 4</u>	Range number <u>4</u>
2. Distance and direction from nearest town or city: <u>2 1/2 miles SO.</u> Street address of well location if in city: <u>of LINDSBORG KS</u>			3. Owner of well: <u>NORMAN BENJON</u> R.R. or street: <u>RR LINDSBORG, KS</u> City, state, zip code: <u>67457</u>		
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile		Sketch map: 		6. Bore hole dia. <u>30</u> in. Completion date <u>11-15-76</u> Well depth <u>71</u> ft.	
5. Type and color of material		From	To	7. <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	
				8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
				9. Casing: Material <u>TRANSITE</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia <u>16</u> in. to <u>71</u> ft. depth; Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth; gage No. <u>3/4"</u>	
				10. Screen: Manufacturer's name <u>AURORA TILE CO.</u> Type <u>TRANSITE</u> Dia. <u>16" ØD</u> Slot/gauze <u>3/32</u> Length <u>26 ft</u> Set between <u>45</u> ft. and <u>71</u> ft. <input type="checkbox"/> Gravel pack? <u>Yes</u> Size range of material <u>1/4"</u>	
				11. Static water level: <input type="checkbox"/> mo./day/yr. <u>22</u> ft. below land surface Date <u>12-10-76</u>	
				12. Pumping level below land surfaces: <u>62</u> ft. after <u>1 1/2</u> hrs. pumping <u>700</u> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <u>700</u> g.p.m.	
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>11-10-76</u>	
				14. Well head completion: <u>None</u> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
				15. Well grouted? <u>Yes</u> <u>Puddled clay</u> With: <input 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: <u>Septic</u> ft. <u>600</u> Direction <u>E</u> Type <u>Septic</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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:		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 INC 138A</u> Business name License No. Address <u>Box 150 LINDSBORG, KS</u> Signed <u>William D. Peterson</u> Date <u>11-16-76</u> Authorized representative	

L 27 - 40 25 1/4 SE SE

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

Form WWC-5