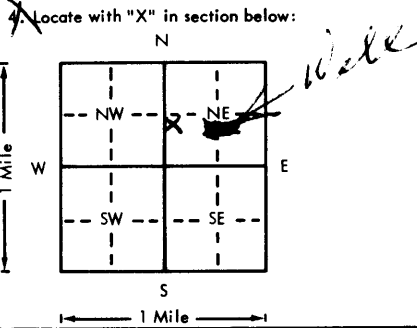


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

*NW SW NE*

1. Location of well: County <u>McPherson</u>		Tract <del>1/4</del> <del>2/4</del> <del>3/4</del> <u>1/4</u>		Section number <u>10</u>	Township number <u>T 17</u>	Range number <u>S R 5</u>	<u>EW</u>
2. Distance and direction from nearest town or city: <u>1 W. - 1 3/4 N of Marquette</u> Street address of well location if in city:				3. Owner of well: <u>BEN HANDLIN</u> R.R. or street: City, state, zip code: <u>Geneseo, KAN 67444</u>			
4. Locate with "X" in section below: 		Sketch map:		6. Bore hole dia. <u>30</u> in. Completion date <u>6-29-76</u> Well depth <u>41</u> ft.			
5. Type and color of material		From	To	7. 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			
Topsoil		2	3	8. Use: Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> <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			
COARSE GRAVEL		3	12	9. Casing: Material <u>TRANSITE</u> Height: Above or below <input checked="" type="checkbox"/> 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>41</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>3/4</u>			
CLAY		12	21	10. Screen: Manufacturer's name <u>John MANTFIELD</u> Type <u>TRANSITE</u> Dia. <u>16 ID</u> Slot/gauze <u>8</u> Length <u>26</u> Set between <u>15</u> ft. and <u>41</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4</u>			
SAND & GRAVEL		21	30	11. Static water level: <input checked="" type="checkbox"/> mo./day/yr. <u>14</u> ft. below land surface Date <u>6-29-76</u>			
CLAY-DARK GRAY		30	33	12. Pumping level below land surfaces: <u>36</u> ft. after <u>1 1/2</u> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <u>500</u> g.p.m.			
COARSE GRAVEL		33	41	13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date			
BLUE SHALE		41	43	14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 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: <u>None</u> <u>13 1/2</u> ft. Direction <u>NE</u> Type <u>Well</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 _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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			
				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 Bros Inc</u> <u>138</u> Business name License No. Address <u>Box 15 - Lyndon, KS</u> Signed <u>Dellan Peterson</u> Date <u>9-1-76</u> Authorized representative			
18. Elevation:		19. Remarks:		(Use a second sheet if needed)			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

T 17  
 R 5  
 E 10  
 Sec 10  
 NW SW NE

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

Form WWC-5