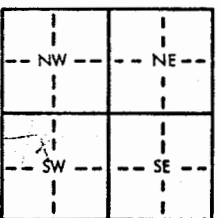


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>SE NW</u> <u>NE 1/4 SE 1/4 SW 1/4</u>	Section number <u>35</u>	Township number <u>T-15-</u>	Range number <u>S R-1-W</u> -EW
2. Distance and direction from nearest town or city: <u>6 MILES N</u>			3. Owner of well: <u>CHARMON DEKLER</u>			
Street address of well location if in city: <u>2 E - Canton</u>			R.R. or street: <u>RR 2</u>			
			City, state, zip code: <u>CANTON KANSAS</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date _____		
N		W		Well depth <u>90</u> ft. <u>12-19-77</u>		
		E		7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug		
S		1 Mile		<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
5. Type and color of material		From		8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry		
		To		<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock		
<u>Top soil</u>		<u>0</u>		<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
<u>Brown + yellow clay</u>		<u>5</u>		9. Casing: Material _____ Height: <u>Above</u> or below		
<u>Sand stone</u>		<u>20</u>		Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in.		
<u>Light grey clay</u>		<u>30</u>		RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>1 1/2</u> lbs./ft.		
<u>Dark grey clay</u>		<u>50</u>		Dia. <u>4</u> in. to <u>90</u> ft. depth Wall Thickness: inches or		
				Dia. _____ in. to _____ ft. depth gage No. <u>1/4</u>		
				10. Screen: Manufacturer's name		
				<u>Pee-less Plastics</u>		
				Type <u>PVC</u> Dia. <u>4"</u>		
				Slot/gauze <u>1/32"</u> Length <u>20'</u>		
				Set between _____ ft. and _____ ft.		
				Gravel pack? <u>yes</u> Size range of material <u>1/4</u>		
				11. Static water level: _____ mo./day/yr.		
				<u>20</u> ft. below land surface Date <u>12-19-77</u>		
				12. Pumping level below land surfaces:		
				<u>70</u> ft. after <u>1 1/2</u> hrs. pumping <u>3.5</u> g.p.m.		
				_____ ft. after _____ hrs. pumping _____ g.p.m.		
				Estimated maximum yield <u>6</u> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr.		
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
				14. Well head completion:		
				<input checked="" type="checkbox"/> Pitless adapter _____ 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:		
				ft. <u>1000</u> Direction <u>North</u> Type <u>cattle</u>		
				Well disinfected upon completion? Yes <input type="checkbox"/> No <input type="checkbox"/>		
				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 _____		
18. Elevation:		(Use a second sheet if needed)		20. Water well contractor's certification:		
19. Remarks:		<b>RECEIVED</b>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
Topography:		<b>JAN 19 1978</b>		<u>Peterson Irrigation</u> <u>132A</u>		
<input type="checkbox"/> Hill		<b>DIVISION OF ENVIRONMENT</b>		Business name _____ License No. _____		
<input checked="" type="checkbox"/> Slope		<b>OF &amp; EG SEC.</b>		Address <u>Box 150 Lindborg Ks.</u>		
<input type="checkbox"/> Upland				Signed <u>M. B. Chambers</u> Date <u>12/10</u>		
<input type="checkbox"/> Valley				Authorized representative		

18-15-78  
SE 1/4 SW 1/4