

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 <b>McPherson</b>	Fraction <b>NE 1/4 NW 1/4 SW 1/4</b>	Section number <b>4</b>	Township number <b>T 18 S</b>	Range number <b>R 3 W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <b>Don Cain</b> <b>241-6655</b> R.R. or street: <b>800 W. Marlin</b> City, state, zip code: <b>McPherson, KS.</b>			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <b>3</b> in. Completion date Well depth <b>150</b> ft. <b>9-6-78</b>	
		<p style="text-align: center;">N</p> <p style="text-align: center;">NW      NE</p> <p style="text-align: center;">W      X      E      DOMESTIC WELL</p> <p style="text-align: center;">SW      SE</p> <p style="text-align: center;">S</p> <p style="text-align: center;">1 Mile</p>			7. 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	
					8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
5. Type and color of material		From	To	9. Casing: Material _____ Height <u>Above</u> or below Threaded _____ Welded _____ Surface <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>2</b> lbs./ft. Dia. <b>4</b> in. to <b>85</b> ft. depth Wall Thickness: inches or Dia. <b>7</b> in. to <b>150</b> ft. depth gage No. <b>25 W</b>		
Top soil		0	5	10. Screen: Manufacturer's name <b>Peerless Plastics</b> Type <b>PVC</b> Dia. <b>4</b> Slot/gauze <b>1/16</b> Length <b>20'</b> Set between <b>85</b> ft. and <b>105</b> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4 in</b>		
Brown clay		5	18	11. Static water level: _____ mo./day/yr. <b>70</b> ft. below land surface Date <b>9-6-78</b>		
White rock		18	22	12. Pumping level below land surfaces: <b>120</b> ft. after <b>2</b> hrs. pumping <b>6</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>6-7</b> g.p.m.		
Red and green shale		22	50	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
Red shale		50	64	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade		
Blue shale		64	150	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: <b>SEPTIC TANK</b> ft. <del>100</del> Direction <b>W</b> Type <b>SEPTIC</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input 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. <b>PETERSON IRRIGATION 138</b> Business name License No. Address <b>Box 150 LINDSBURG, KS</b> Signed <b>Mike Peterson</b> Date <b>9-30-78</b> Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 18  
R 3  
W  
Sec 4  
NE 1/4 SW 1/4

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

Form WWC-5