

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 1/4 SW 1/4 NW 1/4</u> Section number <u>9</u> Township number <u>T 18 S R 3</u> Range number <u>0/W</u>	
2. Distance and direction from nearest town or city: <u>5 mi. So. of</u> Street address of well location if in city: <u>LINDSBORG KS</u> 3. Owner of well: <u>CURTIS PRIDDY</u> R.R. or street: <u>R.R.</u> City, state, zip code: <u>LINDSBORG KS. 67456</u>	
4. Locate with "X" in section below: Sketch map	
<p style="text-align: center;">HOUSE WELL</p>	
5. Type and color of material	
	From To
<u>Top Soil</u>	<u>0</u> <u>5</u>
<u>Blue Shale</u>	<u>5</u> <u>20</u>
<u>Red Shale</u>	<u>20</u> <u>35</u>
<u>Loose layers of Blue Shale</u>	<u>35</u> <u>55</u>
<u>Blue Shale</u>	<u>55</u> <u>75</u>
6. Bore hole dia. <u>8</u> in. Completion date <u>6-20-79</u> Well depth <u>75</u> ft.	
7. <input checked="" type="checkbox"/> 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	
9. Casing: Material <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>1 1/2</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>2.5</u> lbs./ft. Dia. <u>4</u> in. to <u>55</u> ft. depth Wall Thickness: inches or Dia. <u>4</u> in. to <u>55</u> ft. depth gage No. <u>125 IN</u>	
10. Screen: Manufacturer's name <u>Peerless Plastics</u> Type <u>PVC</u> Dia. <u>4"</u> Slot/gauze <u>1/32</u> Length <u>20 ft</u> Set between <u>35</u> ft. and <u>75</u> ft. Gravel pack? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>14 IN</u>	
11. Static water level: <u>32</u> ft. below land surface Date <u>6-20-79</u> mo./day/yr	
12. Pumping level below land surfaces: <u>45</u> ft. after <u>2</u> hrs. pumping <u>5</u> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>5-7</u> g.p.m.	
13. Water sample submitted: ____ Yes <input checked="" type="checkbox"/> No Date ____ mo./day/yr	
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>18</u> Inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> YES 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>Septic system</u> ft. <u>200</u> Direction <u>NE</u> Type <u>Septic system</u> 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	
(Use a second sheet if needed)	
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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 138</u> Business name License No. _____ Address <u>Box 150 Lindsborg, KS</u> Signed <u>Mike Peterson</u> Date <u>7-14-79</u> Authorized representative	

T 18 S R 3 E 0 9 SE SW SW

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

Form WWC-5