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

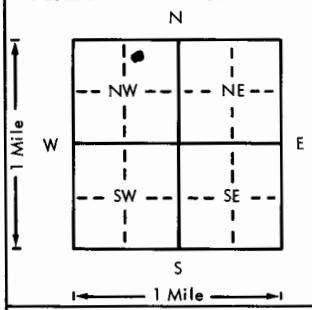
1. Location of well:	County	Fraction	Section number	Township number	Range number
	MCPHERSON	N/W 1/4 NE 1/4 N/W 1/4	18	T -18- S	R -5- E/W

2. Distance and direction from nearest town or city: MARQUETTE 8 mi

Street address of well location if in city: —

3. Owner of well: JOHN K. MYERS
R.R. or street: RR
City, state, zip code: WINDOM KS. 67491

4. Locate with "X" in section below:



Sketch map:

5. Type and color of material	From	To
TOP SOIL	0	5
CLAY	5	15
SAND STONE	15	30
BROWN CLAY	30	40
GREY SHALE	40	60

(Use a second sheet if needed)

6. Bore hole dia. 8 in. Completion date 8-31-77
Well depth 60 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material PVC Height: Above or below
Threaded ___ Welded X Surface 24 in.
RMP ___ PVC X Weight ___ lbs./ft.
Dia. 4 in. to 40 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. ___

10. Screen: Manufacturer's name PEERLESS PLASTICS
Type PVC Dia. 4"
Slot/gauze 010 Length 20'
Set between 55 ft. and 60 ft.
15 ft. and 30 ft.
Gravel pack? X Size range of material 1/4"

11. Static water level: mo./day/yr.
28 ft. below land surface Date 8-31-77

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 8-10 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date ___

14. Well head completion:
X Pitless adapter 24 Inches above grade

15. Well grouted? X
With: X Neat cement __ Bentonite __ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 100 Direction S/E Type CATTLE LOT
Well disinfected upon completion? X Yes __ No

17. Pump: X Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:

Topography:
__ Hill
__ Slope
X Upland
__ 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.
Business name PETERSON IRR. License No. 138-17
Address BOX 150 LINDSBORG
Signed Gary E. Podia Date 9-1-77
Authorized representative

T 18 — R 5 E/W Sec 18 1/4 NW 1/4 NE 1/4 NW 1/4

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

Form WWC-5