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

WATER WELL RECORD
KSA 82a-1201-1215

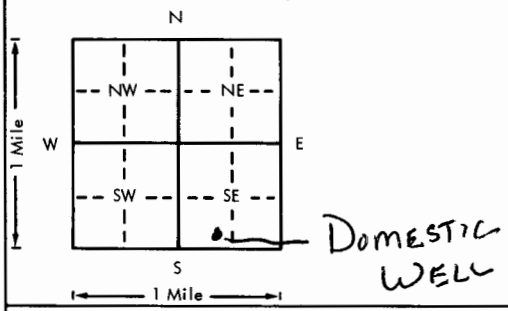
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

X Location of well:	County	Fraction	Section number	Township number	Range number
	McPherson	SE 1/4 SW 1/4 SE 1/4	16	T 18 S	R 5 E/W

2. Distance and direction from nearest town or city: ~~7 North 4 East~~ 5N - 1½E of Windom ~~of Conway, Ks.~~
Street address of well location if in city:

3. Owner of well: Harvey Lauderdale
R.R. or street: 124 S. Hickory
City, state, zip code: McPherson Ks 67460

4. Locate with "X" in section below:



Sketch map:

5. Type and color of material	From	To
Top Soil	0	5
Black Clay	5	14
Gray Sandy Clay	14	35
Blue Shale	35	45

(Use a second sheet if needed)

6. Bore hole dia. 8 in. Completion date 8-27-78
Well depth 45 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 ____ Height: Above or below
Threaded ____ Welded ____ Surface 20 in.
RMP ____ PVC X Weight 2 lbs./ft.
Dia. 4 in. to 30 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. .125 in

10. Screen: Manufacturer's name Peerless Plastics
Type PVC Dia. 4"
Slot/gauze 216 Length 15 ft
Set between 30 ft. and 45 ft.
____ ft. and ____ ft.
Gravel pack? Yes Size range of material ¼ in

11. Static water level: mo./day/yr.
9 ft. below land surface Date 8-27-78

12. Pumping level below land surfaces:
15 ft. after 2 hrs. pumping 10 g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 15 g.p.m.

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

14. Well head completion:
__ Pitless adapter 20 Inches above grade

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

16. Nearest source of possible contamination:
ft. ____ Direction None Type
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
__ Upland
X 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.
Peterson Irrigation 138
Business name License No.
Address Box 150 Lindsborg, Ks
Signed Mike Peterson Date 9-25-78
Authorized representative

T 18 R 5 E/W Sec 16 1/4 SE 1/4 SW 1/4 SE 1/4

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

Form WWC-5