

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

T R EW sec 1/4 1/4 1/4 No.

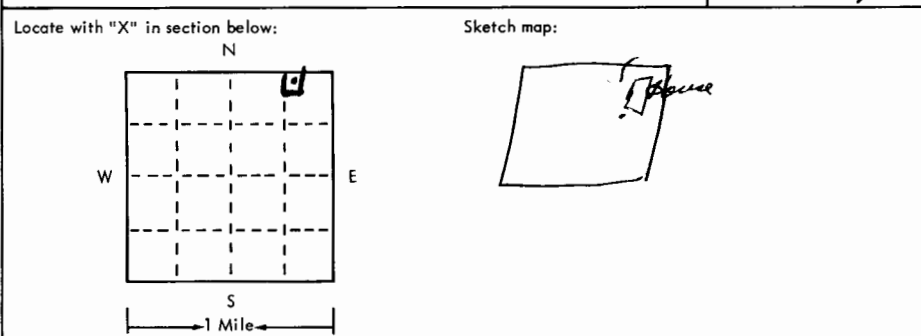
WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

NE corner of SE 1/2 of SE 1/4

1 Location of well:	County <i>McPherson</i>	Township name <i>Empire</i>	Fraction	Section number <i>16</i>	Town number <i>T19 S</i>	Range number <i>R-2-W.</i>
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Distance and direction from nearest town or city: <i>1 1/2 mi Salina to.</i>	3 Owner of well: <i>Wale. D. Kocher</i>
Street address of well location if in city:	Address: <i>R.R. I Salina Kans 67443</i>



2	Type and color of material	From	To
	<i>Top Soil</i>	<i>0</i>	<i>2</i>
	<i>Dark Clays</i>	<i>2</i>	<i>12</i>
	<i>Some rock & Gray Clay</i>	<i>12</i>	<i>22</i>
	<i>Very fine sand & Clay layers</i>	<i>22</i>	<i>32</i>
	<i>Buff Clays</i>	<i>32</i>	<i>41</i>
	<i>Fine to med sand & gravel</i>	<i>41</i>	<i>61</i>
	<i>Dark Clays</i>	<i>41</i>	<i>61</i>

4 Well depth: <i>61</i> ft. Date of completion: <i>8-1-75</i> Well diameter: <i>5"</i> in.
5 <input 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
6 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"/> Commercial <input type="checkbox"/> Test well
7 Casing: Material: <i>PVC</i> Height: <i>above</i> / below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>1 1/2</i> in. Diam. <i>5"</i> Weight: _____ lbs./ft. <i>5"</i> in. to <i>61</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth
8 Screen: <i>Curtin Lead</i> Manufacturer: <i>PVC</i> Dia. <i>5"</i> Type: <i>PVC</i> Dia. <i>5"</i> <input checked="" type="checkbox"/> Slot gauge <i>4/32</i> Length <i>10 ft</i> Set between <i>51</i> ft. and <i>61</i> ft. Fittings: <i>4/32 - 1/4"</i> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____
9 Static water level: <i>19</i> ft. below land surface Date <i>8-1-75</i>
10 Pumping level below land surfaces: <i>20</i> ft. after <i>2</i> hrs. pumping <i>7.8</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>15</i> g.p.m.
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <i>12"</i> Inches above grade
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <i>4</i> ft. to <i>14</i> ft.
14 Nearest source of possible contamination: <i>Septic</i> ft. <i>75</i> Direction <i>South</i> Type <i>septic</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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

16 Remarks: elevation
Well 85 feet NW of farm house.

Topography:
 Hill
 Slope
 Upland
 Valley

17 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 Bros Inc License No. *138*
Business name
Address *Box 150 Lindsborg KS*
Signed *Wallace Peterson* Date *8-4-75*
By T D Authorized representative