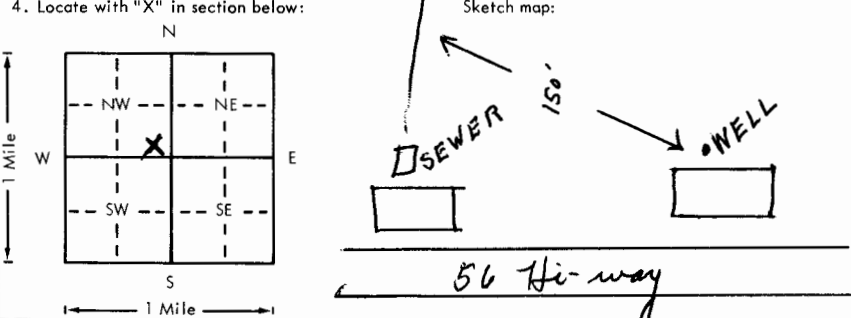


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 <u>McPherson</u> | Fraction <u>SE 1/4 SE 1/4 NW 1/4</u> | Section number <u>30</u> | Township number <u>T 19 S</u> | Range number <u>R 3 E</u> |
| X Distance and direction from nearest town or city: | | 3. Owner of well: <u>Rent Schaeff</u> | | | | |
| Street address of well location if in city: | | R.R. or street: <u>R.R. 2</u> | | | | |
| <u>1 1/2 west of McPherson</u> | | City, state, zip code: <u>McPherson, Kansas</u> | | | | |
| 4. Locate with "X" in section below: | | Sketch map: | | 6. Bore hole dia. <u>8</u> in. Completion date <u>2/20/76</u> Well depth <u>135</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 | | |
| 5. Type and color of material | | From | To | 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 | | |
| Clay | | 0 | 15 | 9. Casing: Material <u>plst</u> Height: Above or <u>below</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>135</u> lbs./ft. Dia. <u>5</u> in. to <u>135</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>135</u> ft. depth gage No. <u>C.258</u> | | |
| Clay and fine sand | | 15 | 27 | 10. Screen: Manufacturer's name <u>Western Plastics</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>3/32</u> Length <u>10</u> Set between <u>125</u> ft. and <u>135</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>1/16 to 3/8</u> | | |
| Tan clay | | 27 | 31 | 11. Static water level: <u>75</u> ft. below land surface Date <u>2/20/76</u> mo./day/yr. | | |
| Sandy clay | | 31 | 34 | 12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>10</u> g.p.m. | | |
| Fine sand | | 34 | 84 | 13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____ | | |
| Sand 1/16 to 1/8 | | 84 | 96 | 14. Well head completion: <u>18</u> inches above grade ____ Pitless adapter | | |
| Clay | | 96 | 97 | 15. Well grouted? <u>Yes</u> 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. | | |
| Sand 1/16 to 1/8 | | 97 | 135 | 16. Nearest source of possible contamination: ft. <u>150'</u> Direction <u>NW</u> Type <u>sewer</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| (Use a second sheet if needed) | | | | 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: ____ Submersible ____ Turbine ____ Jet ____ Reciprocating ____ Centrifugal ____ Other | | |
| 18. Elevation: | 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>Rader Drilling Co.</u> <u>194</u> Business name License No. ____ Address <u>Carlton, Kansas</u> <u>67429</u> Signed <u>Grant E. Rader</u> Date <u>10-2-78</u> Authorized representative | | | |
| Topography: ____ Hill ____ Slope ____ Upland ____ Valley | | | | | | |

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

Form WWC-5