

USE TYPEWRITER OR BALL
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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 McPHERSON	Fraction SW 1/4 SW 1/4 NW 1/4	Section number 30	Township number T 19 S	Range number R 3 W
2. Distance and direction from nearest town or city: Street address of well location if in city:	1 mi WEST OF McPHERSON, KS.		3. Owner of well: JACK EDWARDS R.R. or street: Box 203 City, state, zip code: McPHERSON, KS 67460		
4. Locate with "X" in section below: Sketch map:	<p>Domestic WELL</p>		6. Bore hole dia. 8 in. Completion date 10-21-78 Well depth 120 ft.		
5. Type and color of material			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"/> Height Above or below Threated <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 2 lbs./ft. Dia. 4 in. to 110 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 25 in		
			10. Screen: Manufacturer's name PETERSS PLASTICS Type PVC Dia. 4" Slot/gauze 1/32 Length 10 ft Set between 110 ft. and 120 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? YES Size range of material 1/4 in		
Top Soil			0	5	11. Static water level: 90 ft. below land surface Date 10-21-78
Red Clay			5	10	12. Pumping level below land surfaces: 93 ft. after 2 hrs. pumping 10 g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 20-30 g.p.m.
Buff Clay			10	50	13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>
MEDIUM COURSE SAND AND CLAY			50	65	14. Well head completion: <input type="checkbox"/> Pitless adapter 24 Inches above grade
MEDIUM COURSE SAND			65	95	15. Well grouted? YES With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.
BUFF CLAY WITH FINE SAND LAYERS			95	105	16. Nearest source of possible contamination: LATERAL ft. 150 Direction WEST Type LIMES Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
MEDIUM COURSE SAND			105	120	17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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 type="checkbox"/> Slope <input checked="" 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. PETERSON IRRIGATION 138 Business name Box 150 LINDSBURG, KS License No. <input type="checkbox"/> Address Box 150 LINDSBURG, KS Signed Mike Peterson Date 11-11-78 Authorized representative				

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

Form WWC-5