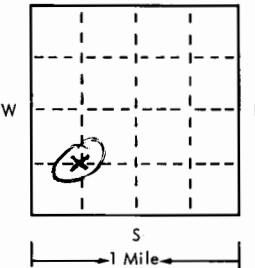


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

19 3W3 12SW  
T R EW sec 1/4 1/4 1/4 No.

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

1 Location of well:		County <u>McPherson</u>	Township name <u>McPherson</u>	Fraction <u>SW 1/4</u>	Section number <u>31</u>	Town number <u>19-5</u>	Range number <u>R-3-W</u>
Distance and direction from nearest town or city: <u>2 miles</u>				3 Owner of well: <u>CHESTER ANDERSON</u>			
Street address of well location if in city: <u>S.W. OF McPherson</u>				Address: <u>McPherson Kans</u>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>201</u> ft. Date of completion <u>10-1-75</u> Well diameter <u>30</u> in.			
		<u>Center of SW 1/4</u>		5 <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary			
2		Type and color of material		From	To	6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>	
		<u>BLACK TOP SOIL</u>		<u>0</u>	<u>4</u>	7 Casing: Material <u>TRANSITE</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. <u>16</u> in. to <u>201</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>16</u> in. to <u>201</u> ft. depth	
		<u>CLAY - RED - HARD</u>		<u>4</u>	<u>18</u>	8 Screen: Manufacturer <u>PURCEN TILE CO</u> Type <u>TRANSITE</u> Dia. <u>14" I.D.</u> Slot/gauze <u>1/4"</u> Length <u>52'</u> Set between <u>44</u> ft. and <u>201</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/4"</u>	
		<u>CLAY - BLUE - "</u>		<u>18</u>	<u>65</u>	9 Static water level: <u>25</u> ft. below land surface Date <u>10-5-75</u>	
		<u>SAND + GRAVEL</u>		<u>65</u>	<u>84</u>	10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>1500</u> g.p.m.	
		<u>CLAY - BLUE -</u>		<u>88</u>	<u>126</u>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____	
		<u>SAND + GRAVEL</u>		<u>126</u>	<u>189</u>	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
		<u>CLAY - GREY</u>		<u>189</u>	<u>191</u>	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> <u>PURPLED CLAY</u> Depth: From <u>0</u> ft. to <u>15</u> ft.	
		<u>GRAVEL, COARSE</u>		<u>191</u>	<u>201</u>	14 Nearest source of possible contamination: <u>House</u> ft. <u>1500</u> Direction <u>North</u> Type <u>well</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<u>SHALE - GREEN</u>		<u>201</u>	<u>252</u>	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>WESTERN HARD CONCRETE</u> Model number <u>801</u> HP <u>30</u> Volts ____ Length of drop pipe <u>130</u> ft. capacity <u>1000</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
16 Remarks: elevation		(use a second sheet if needed)				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. <u>Peterson Bros Inc</u> <u>138</u> Business name License No. Address <u>Wichita, KS</u> Signed <u>Walter Peterson</u> Date <u>10-13-75</u> Authorized representative	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5