WATER WELL RECORD KSA 82a-1201-1215

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

	County	corner NE		Section number		Township number Range number			
1. Location of well:	McPherson					т 19 s	_R 4w	E/W	
2. Distance and direction from nearest town or city: 2. Distance and direction from nearest town or city: 3. Owner R.R. or st					BOX 900				
4. Locate with "X" in section below: Sketch map:					ode: M	cPherson. Ks.	Completion date _	76	
N						Well depth 120 ft. 12-10-76 7Cable tool X_ Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary 8. Use: Domestic Public supply Industry Irrigation Air conditioning Stock Lawn Oil field water Observal 9. Casing: Material Height: Above or below Threaded Welded X_			
I ← 1 Mile ← → I						Dia. 42 in. to 140. dep	th Wall Thickness: in		
5. Type and color of	material	N		From	То	10. Screen: Manufacturer's r			
Top so	11				3		Dia. 4章		
Hard Clay				3	18	Slot/0 1/16 Set between135	Length5	ft.	
Soft brown clay				18	22	ft. c		<u></u> ft. 4 -3 /8•	
Red bed				2 2	38	11. Static water level: _43ft. below land sur	mo.	/day/yr.	
Red andgreen shale				38	60	12. Pumping level below land	l surfaces:		
Soft green shale				60	65	ft. after	hrs. pumping		
Red and green shale				65	120	13. Water sample submitted:	mo.	./day/yr.	
Red bed				120	14	014. Well head completion:			
						Pitless adapter 15. Well grouted?	Inches above	grade	
						With: Neat cement Depth: FromO ft. to		Concrete	
						16. Nearest source of possible ft. 75 Direction 4	southType -ga		
						17. Pump:	Not installed	R	
							HP Vol ft. capacity		
	- 1.014.00					Type: Submersible	Turbine		
	(Use a second	sheet if needed)				Jet Centrifugal	Recipro		
18. Elevation:	19. Remarks:					20. Water well contractor's	certification:		
Topography:						This well was drilled under m is true to the best of my know Rosencrants	ledge and belief.	74 ≥	
Hill Slope Upland Valley						Business name Address Great Signed Authorized rep	Bend. Ks.	//19/2	
	ue and pink copies to the Department	of Health and Environment					Form WW	/C- 5	