

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

WATER WELL RECORD
KSA 82a-1201-1215

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>castle</u>	Fraction <u>NE-1/4 N-E-1/4</u>	Section number <u>7</u>	Town number <u>19</u>	Range number <u>5</u>
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Distance and direction from nearest town or city: <u>2 miles north of Windom Kans</u>	3 Owner of well: <u>A. C. Christians</u>
Street address of well location if in city:	Address: <u>Windom Kans, R.R.</u>

Locate with "X" in section below:	Sketch map:	4 Well depth: <u>50</u> ft. Date of completion <u>10-10-75</u>
<div><div>N</div><div>W</div><div>E</div><div>S</div><div>1 Mile</div></div>	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div><div>10</div><div>11</div><div>12</div><div>13</div><div>14</div><div>15</div><div>16</div><div>17</div><div>18</div><div>19</div><div>20</div></div>	Well diameter <u>2</u> in.
		5 <input checked="" 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 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 <input checked="" type="checkbox"/> <u>Human-Stock</u>
		7 Casing: Material <u>Plastic</u> Height: <u>above</u> /below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. Diam. <u>3</u> Weight <u>3</u> lbs./ft. <u>1</u> <u>5</u> in. to <u>50</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2	Type and color of material	From	To	8 Screen:
	<u>Soil</u>	<u>1</u>	<u>5</u>	Manufacturer <u>Certen teed</u>
	<u>Clay</u>	<u>5</u>	<u>35</u>	Type <u>Plastic PVC</u> Dia. <u>5</u> in.
	<u>Sandstone</u>	<u>35</u>	<u>50</u>	Slot/gauze <u>1/4</u> Length <u>15</u>
	<u>Blue shale</u>		<u>50</u>	Set between <u>35</u> ft. and <u>50</u> ft.
				Fittings:
				Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/4</u>
				9 Static water level:
				<u>17</u> ft. below land surface Date <u>10-10-75</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>30</u> g.p.m.
				11 Water sample submitted:
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____
				12 Well head completion:
				<input type="checkbox"/> Pitless adapter <u>12</u> <input checked="" type="checkbox"/> 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 <u>0</u> ft. to <u>10</u> ft.
				14 Nearest source of possible contamination:
				ft. <u>300</u> Direction <u>S-E</u> Type <u>good</u>
				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	17 Water well contractor's certification:
Topography:	This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
<input type="checkbox"/> Hill	<u>Arthur Varney</u> <u>147</u>
<input type="checkbox"/> Slope	Business name _____ License No. _____
<input checked="" type="checkbox"/> Upland	Address <u>Windom Kans</u>
<input type="checkbox"/> Valley	Signed <u>Arthur Varney</u> Date <u>10-10-75</u>
	Authorized representative