WATER WELL RECORD KSA 82a-1201-1215

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

							Topeka, Kansas 66620			
1 1	County Fraction			l	number	Township number Range number				
1. Location of well:	MCYHERSON		1/4	3	31	1 20	S R	3	√• /₩	
2. Distance and direction from nearest town or city:					where of well: Gilbert Schrag or street: RR. #/					
Street address of well location if in city: MaPheRSON KS City, state, zip co						McPherson Kansas.				
4. Locate with "X" in section below: Sketch map:						6. Bore hole dia. 8 in. Completion date			70	
i [;]					7 Cable tool Rotary Driven Dug			ug		
					Hollow rod Jetted Bored Reverse rotate 8. Use: Domestic Public supply Industry					
DOMESTIC WELL						Irrigation Air conditioning Stock			Stock	
SW SE P SE						Lawn Oil field water Other 9. Casing: Material Height: Above or below				
						Threaded Welded Surface / 2 in. RMP PVC Weight 2 lbs./ft.				
	S Mile → I					Dia. 4 in. to 102ft.	depth	all Thickness:	inches or	
5. Type and color o	of material			From	То	Dia in. to ft. 10. Screen; Manufacture	er's name		~317V.	
Top	soil			0	5	Type PUC	s Pla	stics		
Ben	· · · · · · · ·			5	22	Slot/gauze 1/16	Ler	ngth <u>/0′</u>		
D C	C Cla			22	56	Set between	ft. and _		ft.	
E.	File				15	Gravel pack? Size Size Size Size Size Size Size Size			no./day/yr.	
Five				56		ft. below lan			24-78	
Illed	l. sands			15	120	12. Pumping level below	左 hrs. p	oumping <u>J</u>		
				ļ		ft. after Estimated maximum yield		umping	g.p.m. g.p.m.	
						13. Water sample submit		r	no./day/yr.	
						14. Well head completio	n:			
						Pitless adapter				
						15. Well grouted? <u>Good</u> With: Neat cement Bentonite Concrete Depth: From <u>4</u> ft. to <u>14</u> ft.			_ Concrete	
						16. Nearest source of pa	ssible con	tamination:	1 H/	
						ft. 500 Direction Well disinfected upon co	mpletion?	Type <u> </u>	<u>/aTT/+</u> No	
						17. Pump:		Not installe	ed	
				ļ				P `		
				-		Length of drop pipe —— Type:	ft	. capacity —	g.p.m.	
					ļ	Submersible Jet		Turb	oine procating	
	1	sheet if needed)			<u> </u>	Centrifugal		Oth		
18. Elevation:	18. Elevation: 19. Remarks:						or's certifi ler my juri	ication: isdiction and t	this report	
Topography:						is true to the best of my			138	
ніІІ						Business name	4	NOSRA	License No.	
Slope Upland						Signed M. Le Q	Hisi	Do	1-25-	
Valley						Authorize	d represen	tative		

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

Form WWC-5