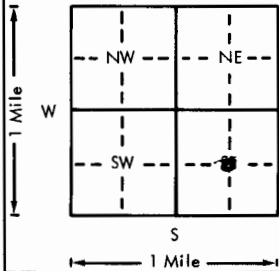


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <u>McPHERSON</u>	Fraction <u>CENTER SE</u> 1/4 1/4 1/4	Section number <u>1</u>	Township number T <u>20</u> S	Range number R <u>4</u> <u>W</u>
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>2 1/2 SW OF MCPHERSON</u>			3. Owner of well: <u>William JANNSEN</u> R.R. or street: <u>R.R.</u> City, state, zip code: <u>McPHERSON, KS 67460</u>		
4. Locate with "X" in section below: N Sketch map:  W E S 1 Mile — IRRIGATION WELL			6. Bore hole dia. <u>30</u> in. Completion date <u>11-23-77</u> Well depth <u>197</u> ft.		
5. Type and color of material			7. <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		
			8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material <u>TRANSITE</u> Height: <u>12</u> in. Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>32</u> lbs./ft. Dia. <u>16</u> in. to <u>132</u> ft. depth Wall Thickness: inches or Dia. <u>16</u> in. to <u>132</u> ft. depth gage No. <u>75</u>		
			10. Screen: Manufacturer's name <u>AURORA TILE COMPANY</u> Type <u>TRANSITE</u> Dia. <u>16" I.D.</u> Slot/gauze <u>654</u> Length <u>654</u> Set between <u>132</u> ft. and <u>197</u> ft. ft. and <u>197</u> ft. Gravel pack? <u>YES</u> Size range of material <u>4-10</u>		
			11. Static water level: <u>70</u> ft. below land surface Date <u>11-23-77</u> mo./day/yr.		
			12. Pumping level below land surfaces: ft. after <u>      </u> hrs. pumping <u>      </u> g.p.m. ft. after <u>      </u> hrs. pumping <u>      </u> g.p.m. Estimated maximum yield <u>1500</u> g.p.m.		
			13. Water sample submitted: <u>      </u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>      </u>		
			14. Well head completion: <u>12</u> inches above grade Pitless adapter <u>      </u>		
			15. Well grouted? <u>YES PUDDLE CLAY</u> With: <u>      </u> Neat cement <u>      </u> Bentonite <u>      </u> Concrete <u>      </u> Depth: From <u>0</u> ft. to <u>10</u> ft.		
			16. Nearest source of possible contamination: ft. <u>14,000</u> Direction <u>South</u> Type <u>Cattle</u> Well disinfected upon completion? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>      </u> Model number <u>      </u> HP <u>      </u> Volts <u>      </u> Length of drop pipe <u>      </u> ft. capacity <u>      </u> 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		
			18. Elevation: <u>1495</u> Topography: <u>      </u> Hill <u>      </u> Slope <u>      </u> <input checked="" type="checkbox"/> Upland <u>      </u> Valley		
19. Remarks: <u>      </u>			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. <u>PETERSON IRRIGATION 138A</u> Business name <u>Box 150 LINCOLN, KS.</u> License No. <u>      </u> Address <u>      </u> Signed <u>Mike Peterson</u> Date <u>12-21-79</u> Authorized representative		

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

Form WWC-5