

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: McPHERSON		Fraction: SW 1/4 NE 1/4 NE 1/4		Section number: 20		Township number: T - 20 - S		Range number: R - 4 - E/W			
2. Distance and direction from nearest town or city: 6 MILES				3. Owner of well: Lionel Friessen							
Street address of well location if in city:				R.R. or street: RR1 Box 19							
				City, state, zip code: Imman Kansas 67546							
4. Locate with "X" in section below:				Sketch map:		6. Bore hole dia. _____ in. Completion date _____					
<div style="text-align: center;">N</div> <div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">1 Mile</div> <div style="border: 1px solid black; padding: 5px; margin: 0 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">NW</div> <div style="width: 45%;">NE</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">SW</div> <div style="width: 45%;">SE</div> </div> </div> <div style="writing-mode: vertical-rl;">1 Mile</div> </div> <div style="text-align: center;">S</div>				Well depth 105 ft.		12-27-77					
				7. <input type="checkbox"/> Cable tool <input checked="" 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							
8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other											
9. Casing: Material _____ Height: Above or below _____											
Threaded _____ Welded <input checked="" type="checkbox"/> Surface 12 in.											
RMP _____ PVC <input checked="" type="checkbox"/> Weight 1 1/2 lbs./ft.											
Dia. 4 in. to _____ ft. depth				Wall Thickness: inches or _____							
Dia. _____ in. to _____ ft. depth				Gage No. 14							
5. Type and color of material				From		To		10. Screens Manufacturer's name _____			
Top soil				0		5		Peerless Plastics			
Light grey shale				5		10		Type PVC Dia. 4"			
Red shale				10		25		Slot/gauze 1/32" Length 20'			
Red + grey shale				25		40		Set between 70 ft. and 95 ft.			
Blue shale				40		50		ft. and _____ ft.			
Red shale				50		75		Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4"			
Red shale some soft layers				75		105		11. Static water level: _____ mo./day/yr.			
								25 ft. below land surface Date 12-27-77			
								12. Pumping level below land surfaces:			
								86 ft. after 2 hrs. pumping 6 g.p.m.			
								_____ ft. after _____ hrs. pumping _____ g.p.m.			
								Estimated maximum yield 6-7 g.p.m.			
								13. Water sample submitted: _____ mo./day/yr.			
								<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
								14. Well head completion:			
								<input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade			
								15. Well grouted? Yes			
								With: _____ Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete _____			
								Depth: From 0 ft. to 10 ft.			
								16. Nearest source of possible contamination:			
								ft. 3000 Direction West Type cattle			
								Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No			
								17. Pump: <input checked="" type="checkbox"/> Not installed			
								Manufacturer's name _____			
								Model number _____ HP _____ Volts _____			
								Length of drop pipe _____ ft. capacity _____ 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			
(Use a second sheet if needed)											
18. Elevation:		19. Remarks:		20. 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 checked="" type="checkbox"/> Hill				Peterson Irrigation 138A							
<input checked="" type="checkbox"/> Slope				Business name _____ License No. _____							
_____ Upland				Address Box 150 Lindsborg, KS							
_____ Valley				Signed Mike Chambers Date 1-10-77							
				Authorized representative							

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

Form WWC-5