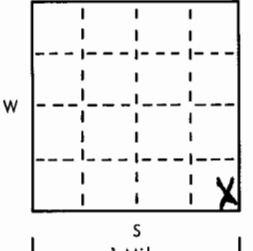


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

20 4W33SESE
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>Shoveland</u>	Fraction <u>SESESE</u>	Section number <u>33</u>	Town number <u>20-S</u>	Range number <u>4W</u>
Distance and direction from nearest town or city: <u>1 1/4 mi. west</u>				3 Owner of well: <u>James Stephens</u>		
Street address of well location if in city: <u>134 South of Shoveland Ks.</u>				Address: <u>RR1 Inman Ks.</u>		
Locate with "X" in section below: N  W E S 1 Mile		Sketch map:		4 Well depth: <u>93</u> ft. Date of completion <u>8-25-75</u> Well diameter <u>9</u> in.		
2 Type and color of material				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 type="checkbox"/>		
				7 Casing: Material <u>PVC</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. <u>Class</u> Weight <u>160</u> lbs./ft. <u>5</u> in. to <u>93</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				8 Screen: Manufacturer <u>Certain-Tax</u> Type <u>PVC</u> Dia. <u>5-1/2</u> Slot/gauze <u>10</u> Length <u>13</u> Set between <u>78</u> ft. and <u>93</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>3/8</u>		
				9 Static water level: <u>40</u> ft. below land surface Date <u>8-25-75</u>		
				10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ 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 <input 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>3</u> ft. to <u>13</u> ft.		
				14 Nearest source of possible contamination: ft. <u>75</u> Direction <u>North</u> Type <u>Rain</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(use a second sheet if needed)				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: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Booths Drilling</u> 100 Business name _____ License No. _____ Address _____ Signed <u>Paul Booths</u> Date <u>10-1-75</u> Authorized representative		
				Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5