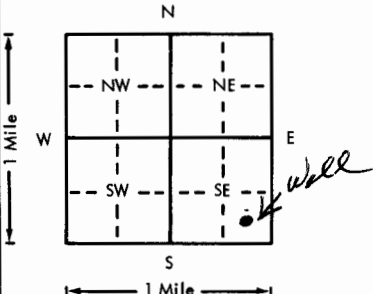
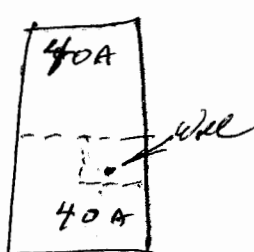


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>NE 1/4 NE 1/4</u>	Section number <u>36</u>	Township number <u>T 20</u>	Range number <u>S R 4</u>
2. Distance and direction from nearest town or city: <u>2 miles</u>		3. Owner of well: <u>STANLEY NIKHEL</u>				
Street address of well location if in city: <u>SO. OF GROVELAND</u>		R.R. or street: <u>RR</u>				
		City, state, zip code: <u>WINDOM, KANSAS 67491</u>				
4. Locate with "X" in section below:		Sketch map:				
						
5. Type and color of material		From	To	6. Bore hole dia. <u>30</u> in. Completion date <u>3-18-76</u> Well depth <u>234</u> ft.		
<u>Top soil</u>		<u>0</u>	<u>2</u>	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		
<u>Clay - Buff</u>		<u>2</u>	<u>-8</u>	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		
<u>Clay - Red</u>		<u>8</u>	<u>16</u>	9. Casing: Material <u>TRANSITE</u> Weight: 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>33</u> lbs./ft. Dia. <u>16</u> in. to <u>234</u> ft. depth Wall Thickness: inches or Dia. <u>16</u> in. to <u>234</u> ft. depth gage No. <u>3/4</u>		
<u>CLAY GREY</u>		<u>16</u>	<u>58</u>	10. Screen: Manufacturer's name <u>AUROA TILE CO</u> Type <u>TRANSITE</u> Dia. <u>16</u> in. <u>1P</u> Slot/gauze <u>1/8</u> Length <u>65 ft</u> Set between <u>169</u> ft. and <u>234</u> ft. ft. and <u>234</u> ft. Gravel pack? <u>yes</u> Size range of material <u>1/4"</u>		
<u>Water loss - SAND + GRAVEL</u>		<u>58</u>	<u>126</u>	11. Static water level: <u>35</u> ft. below land surface Date <u>3-19-76</u> mo./day/yr.		
<u>CLAY - GREY - HARD</u>		<u>126</u>	<u>174</u>	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.		
<u>SAND + GRAVEL</u>		<u>174</u>	<u>234</u>	13. Water sample submitted: <u> </u> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u> </u>		
<u>CASED 234 ft</u>				14. Well head completion: <u>NO</u> Pitless adapter <u> </u> inches above grade		
<u>SHALE - GREEN</u>		<u>234</u>	<u>235</u>	15. Well grouted? <u>yes</u> <u>Puddled clay</u> With: <u> </u> Neat cement <u> </u> Bentonite <u> </u> Concrete Depth: From <u>0</u> ft. to <u>15</u> ft.		
				16. Nearest source of possible contamination: <u>house</u> ft. <u>300</u> Direction <u>East</u> Type <u>well</u> Well disinfected upon completion? <u> </u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
				17. Pump: <u> </u> Not installed Manufacturer's name <u>Western Land Rollo</u> Model number <u>8 m</u> HP <u>40</u> Length of drop pipe <u>120</u> ft. capacity <u>1400</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
18. Elevation:		19. Remarks:		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 Bros Inc</u> License No. <u>138</u> Address <u>Lindsborg, Kans 67350</u> Signed <u>Walter Peterson</u> Date <u>3-22-76</u> Authorized representative		

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

Form WWC-5