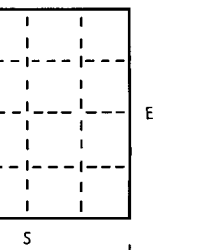


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82g-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

County McPherson	Township name Hays	Fraction SE$\frac{1}{4}$ SE$\frac{1}{4}$	Section number 27	Town number 20 S	Range number 5 W
Distance and direction from nearest town or city: Street address of well location if in city:			Owner of well: Address:		
4 miles West and 3 north of Inman Kans.			Wayne Smith Inman Kans. R.I.		
Locate with "X" in section below: <div style="text-align:center; margin-top:-10px;">N</div>  <div style="text-align:right; margin-top:-10px;">E</div> <div style="text-align:center; margin-top:10px;">S 1 Mile</div>			Sketch map:		
2			Type and color of material	From	To
Soil				1	5
Clay				5	30
Red Shale				30	45
Broken shale				45	50
Red and blue shale				50	65
Broken shale				65	67
Red and blue shale and sand				67	90
(use a second sheet if needed)					
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			4 Well depth: 90 ft. Date of completion 11-11-		
			Well diameter 8 in.		
			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 checked="" type="checkbox"/> Kerman Stock		
			7 Casing: Material PLAST Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. _____ Weight 3 lbs./ft. 1 5 in. to 90 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!		
			8 Screen: Manufacturer Certentec Type PVC PLAST Dia. 5 in. Slot/gauze 1/16 Length 50 ft. Set between 40 ft. and 90 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4		
			9 Static water level: 25 ft. below land surface Date 11-11-75		
			10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 4 g.p.m.		
			11 Water sample submitted: 40 NIT. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 11-11-75		
			12 Well head completion: 12 <input type="checkbox"/> Pitless adapter <input checked="" 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 0 ft. to 10 ft.		
			14 Nearest source of possible contamination: ft. 150 Direction West Type SODIUM Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			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		
			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. Arthur Varney 147 Business name License No. _____ Address _____ Signed Arthur Varney Date 11-11-75 Authorized representative		

20	5 W	27	SE	SE
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