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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

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

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	McPherson	Hays	SE¼ SE¼	27	20S	5W

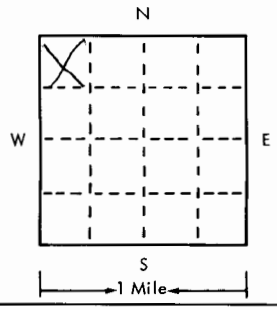
Distance and direction from nearest town or city: 4 mi west and 3 north of Inman Kans.

Street address of well location if in city:

3 Owner of well: Wayne Smith

Address: Inman Kans. R.1.

Locate with "X" in section below:



Sketch map:

4 Well depth: 75 ft. Date of completion 8-20-75
Well diameter 9 in.

5 [X] Cable tool [ ] Rotary [ ] Driven [ ] Dug
[ ] Hollow rod [ ] Jetted [ ] Bored [ ] Reverse rotary

6 Use: [X] Domestic [ ] Public supply [ ] Industry
[ ] Irrigation [ ] Air conditioning [ ] Commercial
[ ] Test well [X] Stock - Human

7 Casing: Material Plast. Height: above/below
Threaded [ ] Welded [X] Surface 12 in.
Diam. Weight 4 lbs./ft. L
6 in. to 75 ft. depth Drive shoe? [ ] Yes [X] No
___ in. to ___ ft. depth

2

Type and color of material	From	To
Soil	1	5
Clay	5	30
Red shale	30	45
Broken shale water bering	45	50
Red and blue shale	50	75
(use a second sheet if needed)		

8 Screen:
Manufacturer centented
Type Plastic PVC Dia. 6 in.
Slot/gauze 1/46 in Length 35
Set between 40 ft. and ___ ft. 75
Fittings:
Gravel pack [X] Yes [ ] No Size range of material 14

9 Static water level:
28 ft. below land surface Date 8-20-75

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 7 g.p.m.

11 Water sample submitted:
[ ] Yes [X] No Date ___

12 Well head completion:
[ ] Pitless adapter [X] Inches above grade 12 in.

13 Well grouted? [X] Yes [ ] No
[X] Neat cement [ ] Bentonite [ ] ___
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination: well weeks
ft. 100 Direction east Type Cit good
Well disinfected upon completion? [X] Yes [ ] No

15 Pump: [X] Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
[ ] Submersible [ ] Turbine
[ ] Jet [ ] Reciprocating
[ ] Certrifugal [ ] Other

16 Remarks: elevation

Topography:
[ ] Hill
[ ] Slope
[X] Upland
[ ] Valley

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
Business name License No.
Address Lyons Kans. 147
Signed Arthur Varney Date 8-20-75
Authorized representative

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

Form WWC-5