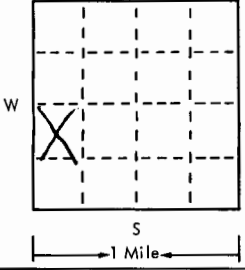


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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>Hays</u>	Fraction <u>SW 1/4 NW 1/4</u>	Section number <u>33</u>	Town number <u>20</u>	Range number <u>5</u>
Distance and direction from nearest town or city: <u>6 miles west and 2 miles north of Inman, Kansas</u>			3 Owner of well: <u>Julius Nelson</u>			
Street address of well location if in city: _____			Address: <u>Inman Adams R.R.</u>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>60</u> ft. Date of completion <u>11-14-75</u>		
N  S 1 Mile				Well diameter <u>8</u> 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"/> <u>human</u>		
				7 Casing: Material <u>PVC</u> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Digm. <u>5</u> in. to <u>60</u> ft. depth Weight <u>3</u> lbs./ft. L Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				8 Screen: Manufacturer <u>Centerteed</u> Type <u>PVC Plast</u> Dia. <u>5 in</u> Slot/gauze <u>1/4</u> Length <u>20 ft</u> Set between <u>40</u> ft. and <u>60</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/4</u>		
2 Type and color of material		From To		9 Static water level: <u>35</u> ft. below land surface Date <u>11-14-75</u>		
				10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>30</u> g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: <u>12 in.</u> <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 <u>0</u> ft. to <u>10</u> ft.		
				14 Nearest source of possible contamination: ft. <u>500</u> Direction <u>north</u> Type _____ 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		
				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>Arthur Varney</u> <u>147</u> Business name License No. Address <u>Lynne Kans</u> Signed <u>Arthur Varney</u> Date <u>11-14-75</u> Authorized representative		

20 SW 33