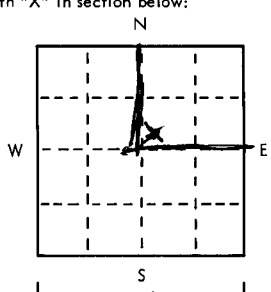
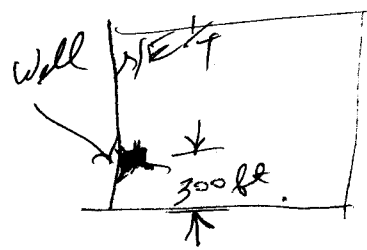


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>MOUND</u>	Fraction <u>NE 1/4</u>	Section number <u>17</u>	Town number <u>T-21-S</u>	Range number <u>R-2-W</u>
Distance and direction from nearest town or city: <u>3W + 2N</u>			3 Owner of well: <u>HUMER WEDEL</u>			
Street address of well location if in city: <u>of Moundridge KS</u>			Address: <u>RR MOUNDRIAGE, KS</u>			
Locate with "X" in section below: 			Sketch map: 		4 Well depth: <u>97</u> ft. Date of completion <u>9-18-75</u> Well diameter <u>30</u> in.	
2 Type and color of material			From To		5 <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	
					6 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"/> Commercial <input type="checkbox"/> Test well	
					7 Casing: Material <u>TRANSITE</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. <u>16</u> in. Weight <u>28</u> lbs./ft. <u>16</u> in. to <u>97</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No	
					8 Screen: Manufacturer <u>AURORA TILE CO</u> Type <u>TRANSITE</u> Dia. <u>16" 10</u> Slot/gauze <u>3/32</u> Length <u>26 ft</u> Set between <u>41</u> ft. and <u>97</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/4"</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>300</u> g.p.m.			9 Static water level: <u>60</u> ft. below land surface Date <u>9-20-75</u>			
			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 type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> <u>PURIFIED CLAY</u> Depth: From <u>0</u> ft. to <u>12</u> ft.			
16 Remarks: elevation Topography: <u>FLAT LAND</u> <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			14 Nearest source of possible contamination: ft <u>1300</u> Direction <u>NE</u> Type <u>Well</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>WESTERN LAUREL</u> Model number <u>4M</u> HP <u>20</u> Volts _____ Length of drop pipe <u>94</u> ft. capacity <u>300</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			
			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>Peterson Bros</u> Business name License No. _____ Address <u>Box 150 Moundridge, KS</u> Signed <u>Walter Peterson</u> Date <u>9-22-75</u> Authorized representative			
			(use a second sheet if needed)			

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

Form WWC-5