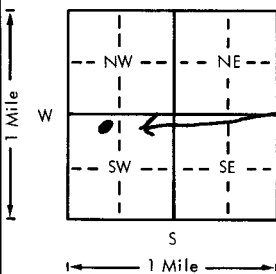


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

X Location of well: County McPHERSON Fraction NW 1/4 SW 1/4 Section number 5 Township number T 21 S Range number R 3 W	
X Distance and direction from nearest town or city: 6 mi. N. 1 E. Street address of well location if in city: McPHERSON, KS	
3. Owner of well: NORMAN SCHMIDT R.R. or street: R.R. #1 City, state, zip code: INMAN, KS. 67546	
4. Locate with "X" in section below: Sketch map: 	
6. Bore hole dia. 30 in. Completion date AUG 1, 77 Well depth 212 ft.	
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	
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	
9. Casing: Material TRANSITE Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 32 lbs./ft. Dia. 16 in. to 212 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gage No. 75 IN	
10. Screen: Manufacturer's name AURORA TILE COMPANY Type TRANSITE Dia. 16 1/4 in. Slot/gauze 1/8 in. Length 65 ft. Set between 95 ft. and 121 ft. 173 ft. and 212 ft. Gravel pack? YES Size range of material 1/4 in	
11. Static water level: 173 ft. below land surface Date AUG 1, 77 mo./day/yr.	
12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 1200 g.p.m.	
13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.	
14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade	
15. Well grouted? YES MUD CLAY With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
16. Nearest source of possible contamination: ft. 2000 Direction SW Type DARY Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name WESTERN LAND ROLLER Model number 8m HP 60 Volts <input type="checkbox"/> Length of drop pipe 110 ft. capacity 1200 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: (Use a second sheet if needed)	
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. PETERSON IRRIGATION 138A Business name Box 150 LINDSBURG, KS License No. Mike Peterson Address Aug 2, 77 Signed Mike Peterson Date Aug 2, 77 Authorized representative	

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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	Fraction 1/4 1/4 1/4	Section number	Township number T S R	Range number E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:				3. Owner of well: R.R. or street: City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: NORMAN SCHMIDT CONT.		6. Bore hole dia. _____ in. Completion date _____ Well depth _____ ft.		
5. Type and color of material		From		To		7. _____ Cable tool _____ Rotary _____ Driven _____ Dug _____ Hollow rod _____ Jetted _____ Bored _____ Reverse rotary
						8. Use: _____ Domestic _____ Public supply _____ Industry _____ Irrigation _____ Air conditioning _____ Stock _____ Lawn _____ Oil field water _____ Other
						9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. _____
						10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____
						11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____
						12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
						13. Water sample submitted: _____ mo./day/yr. _____ Yes _____ No Date _____
						14. Well head completion: _____ Pitless adapter _____ Inches above grade
						15. Well grouted? _____ With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft.
						16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes _____ No
						17. Pump: _____ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other
18. Elevation: Topography: _____ Hill _____ Slope _____ Upland _____ Valley		19. Remarks: (Use a second sheet if needed)		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. Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative		