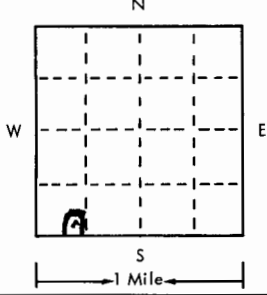
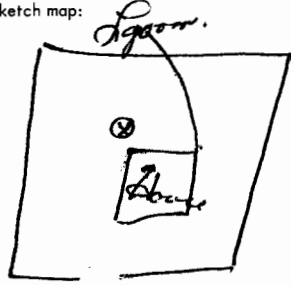


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

21 3W 18 25W 5W
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>Turkey Creek</u> | Fraction <u>SE 1/4</u> | Section number <u>18</u> | Town number <u>T 21 S</u> | Range number <u>R-3-W</u> | | |
| Distance and direction from nearest town or city: <u>4E-15-4E</u> | 3 Owner of well: <u>Waldo Froese</u> | | | | | | | |
| Street address of well location if in city: <u>J. Inman, Mo.</u> | Address: <u>P.R.I. Inman, Mo.</u> | | | | | | | |
| Locate with "X" in section below:  | | | Sketch map:  | | | 4 Well depth: <u>75</u> ft. Date of completion <u>10-2-75</u> Well diameter <u>8"</u> in. | | |
| 2 Type and color of material | | | From To | | | 5 <input type="checkbox"/> Cable tool <input checked="" 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 | | |
| | | | | | | 7 Casing: Material <u>PVC</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12"</u> in. Diam. <u>5</u> in. to <u>26</u> ft. depth! Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>5</u> in. to <u>26</u> ft. depth! | | |
| | | | | | | 8 Screen: Manufacturer <u>Peterson Feed</u> Type <u>P.P.C.</u> Dia. <u>5"</u> Slot/gauze <u>1/32</u> Length <u>10 ft</u> Set between <u>65</u> ft. and <u>75</u> ft. Fittings: <u>1/8-1/4"</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u> </u> | | |
| | | | | | | 9 Static water level: <u>25</u> ft. below land surface Date <u>10-2-75</u> | | |
| (use a second sheet if needed) | | | | | | 10 Pumping level below land surfaces: <u>30</u> ft. after <u>2</u> hrs. pumping <u>15</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>50</u> g.p.m. | | |
| | | | | | | 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u> | | |
| | | | | | | 12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input 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"/> <u> </u> Depth: From <u>5</u> ft. to <u>15</u> ft. | | |
| | | | | | | 14 Nearest source of possible contamination: <u>sewer</u> ft. <u>55</u> Direction <u>N.E.</u> Type <u>LINE</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> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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>Peterson Bros Inc</u> <u>138</u> Business name License No. Address <u>Box 150, Lindsborg, Mo 67451</u> Signed <u>Wally Peterson</u> Date <u>10-2-75</u> <u>B. A. D.</u> Authorized representative | | |
| | | | | | | Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | |
| | | | | | | | | |