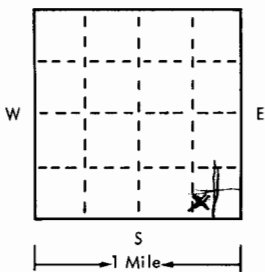
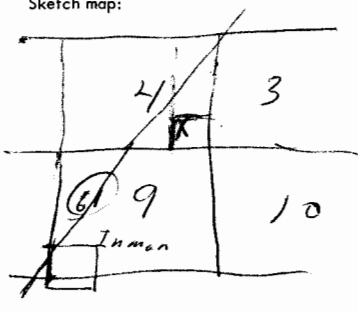


USE TYPEWRITER OR BALL-
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 McPherson	Township name Superior	Fraction SWSESE	Section number 4	Town number 215	Range number R 44 W			
Distance and direction from nearest town or city: 1 mi N 1/2 E of Inman, Ks.				3 Owner of well: Bob Ellis Address: Inman, Kansas.					
Locate with "X" in section below: 		Sketch map: 		4 Well depth: 62 ft. Date of completion 7-28-75 Well diameter 10 in. to 20 ft S to 60 ft					
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 <input type="checkbox"/>	
								7 Casing: Material RMP Height: above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 6 in. to 20 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
								8 Screen: Manufacturer NONE used Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
								9 Static water level: 14 ft. below land surface Date 7-28-75	
								10 Pumping level below land surfaces: 28 ft. after 1 hrs. pumping 20 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 35 g.p.m.	
								11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
								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 type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> concrete Depth: From 3 ft. to 20 ft.	
								14 Nearest source of possible contamination: ft. 130 Direction SE Type septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
								15 Pump: Manufacturer's name Valley Model number 51208 HP 1/2 Volts 230 Length of drop pipe 40 ft. capacity 12 g.p.m. Type: <input checked="" 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	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		(use a second sheet if needed)						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. Miller Water Well 137 Business name _____ License No. _____ Address Dutchinson, Ks. Signed Joe Miller Date 8-4-75 Authorized representative	