

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

1. Location of well:		County <b>McPHERSON</b>	Fraction <b>NE 1/4 NW 1/4 NE 1/4</b>	Section number <b>24</b>	Township number <b>T 21 S</b>	Range number <b>R 4 W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:		<b>2 mi E AND 1 mi S of INMAN</b>		3. Owner of well: <b>JAMES GUNN</b> R.R. or street: <b>R.R. #1</b> City, state, zip code: <b>INMAN, KANSAS 67546</b>		
4. Locate with "X" in section below:		Sketch map: <p><b>IRRIGATION WELL</b></p>		6. Bore hole dia. <b>30</b> in. Completion date <b>9-7-78</b> Well depth <b>135</b> ft.		
5. Type and color of material		From	To	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		
Top Soil		0	5	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		
GRAY Clay		5	16	9. Casing: Material <b>TRANSITE</b> Height: <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>32</b> lbs./ft.		
BROWN SANDY Clay		16	45	Dia. <b>16</b> in. to <b>70</b> ft. depth Wall Thickness: inches or Dia. <b>16</b> in. to <b>109</b> ft. depth gage No. <b>34"</b>		
MEDIUM to MEDIUM COURSE		45	84	10. Screen: Manufacturer's name <b>AURORA TILE COMPANY</b>		
GRAY Clay		84	105	Type <b>TRANSITE</b> Dia. <b>16" I.D.</b>		
MEDIUM COURSE SAND		105	134 1/2	Slot/gauze <b>1/8</b> Length <b>52 ft</b>		
BROWN Clay		134 1/2	135	Set between <b>70</b> ft. and <b>96</b> ft. <b>109</b> ft. and <b>135</b> ft.		
				Gravel pack? <b>YES</b> Size range of material <b>1/4 in</b>		
				11. Static water level: _____ mo./day/yr. <b>40</b> ft. below land surface Date <b>9-7-78</b>		
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>800</b> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
				14. Well head completion: _____ Pitless adapter <b>12</b> inches above grade		
				15. Well grouted? <b>YES</b> <b>PUDDLE Clay</b> With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From <b>0</b> ft. to <b>12</b> ft.		
				16. Nearest source of possible contamination: ft. <b>250</b> Direction <b>N</b> Type <b>hog FARM</b> Well disinfected upon completion? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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		
		(Use a second sheet if needed)				
18. Elevation:		19. Remarks:		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. <b>PETERSON IRRIGATION 138</b> Business name _____ License No. _____ Address <b>Box 150 LINCOLN, KS</b> Signed <b>Mike Peterson</b> Date <b>9-30-78</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5