

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

SE 1/4 of NE 1/4 of NE 1/4

County McPherson	Township name Superior	Fraction SE 1/4 NE 1/4	Section number 26	Town number T 21-S	Range number R 4-W																															
Distance and direction from nearest town or city: 3 E - 2 1/2 South			3 Owner of well: Howard Schierling																																	
Street address of well location if in city: Township - Katak			Address: P.R.I. Luman Kato																																	
Locate with "X" in section below:		Sketch map:		4 Well depth: 154 ft. Date of completion: 6-20-75 Well diameter: 28 in.																																
				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 <input type="checkbox"/> _____																																
		Imag Well NE corner of Improvements		7 Casing: Material Steel Height above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 10 1/4 in. to 15 1/4 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No 16 in. to 154 ft. depth																																
				8 Screen: Johns Manville Manufacturer Johns Manville Type Open End Dia. 16 in. 10 Slot gauge 1/16 Length 154 Set between 102 ft. and 154 ft. Fittings: 18 - 1/4 Gravel pack <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">2 Type and color of material</th> <th style="width: 10%;">From</th> <th style="width: 10%;">To</th> </tr> <tr> <td>Top Soil</td> <td>0</td> <td>3</td> </tr> <tr> <td>Buff & Gray Clays</td> <td>3</td> <td>47</td> </tr> <tr> <td>Blue Clays</td> <td>47</td> <td>51</td> </tr> <tr> <td>Buff Clays</td> <td>51</td> <td>63</td> </tr> <tr> <td>Gray Clays</td> <td>63</td> <td>78</td> </tr> <tr> <td>Lenses of fine sands & Clays</td> <td>78</td> <td>115</td> </tr> <tr> <td>Blue Clays</td> <td>115</td> <td>125</td> </tr> <tr> <td>Very good Med sands</td> <td>125</td> <td>140</td> </tr> <tr> <td>Blue Clays</td> <td>140</td> <td>143</td> </tr> <tr> <td>Very good Med sands</td> <td>143</td> <td>175</td> </tr> </table>		2 Type and color of material	From	To	Top Soil	0	3	Buff & Gray Clays	3	47	Blue Clays	47	51	Buff Clays	51	63	Gray Clays	63	78	Lenses of fine sands & Clays	78	115	Blue Clays	115	125	Very good Med sands	125	140	Blue Clays	140	143	Very good Med sands	143	175	9 Static water level: 17 ft. below land surface Date 6-20-75	
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10 Pumping level below land surfaces: 16 ft. after 2 hrs. pumping 1200 g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 2,000 g.p.m.																																				
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																																				
12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade 12																																				
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Puddled Clay <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite Depth: From 2 ft. to 16 ft.																																				
14 Nearest source of possible contamination: ft. 70 Direction North Type Fuel Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																				
15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Wester Hand Pumps Model number _____ HP _____ Volts _____ Length of drop pipe 100 ft. capacity 250 g.m.p. 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																																				
16 Remarks: elevation Improvements & Imag Well are located on a slight rise in E. side. Town will be Watered By P.R.I. Luman.																																				
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. Peterson Bro INC 138 Business name _____ License No. _____ Address Box 150 Lindsbary Signed Wallace Peterson Date 6-20-75 Authorized representative																																				

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

Form WWC-5