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

10	1	E	24	CW½SW
T	R	EW	sec	1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

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

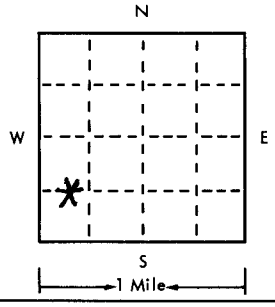
CW½SW

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	CLAY	CHAPMAN	~~NE¼~~	24	T 10 S	R 1 E

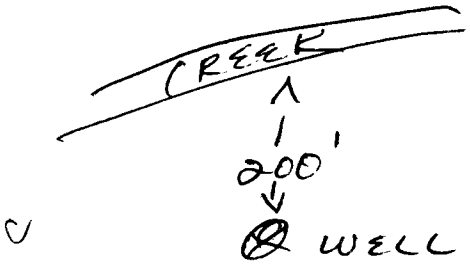
Distance and direction from nearest town or city: 4 MILES
Street address of well location if in city: EAST OF LONGFORD

3 Owner of well: FRED HEIGELE
Address: LONGFORD KANSAS

Locate with "X" in section below:



Sketch map:



4 Well depth: 52' ft. Date of completion 9/22/75
Well diameter 8 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☒ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐ ~~PLY~~

7 Casing: Material ~~PLASTIC~~ Height: above/below
Threaded ☐ Welded ☒ Surface 12 in.
Diam. Weight 3 lbs./ft.
5 in. to 53 ft. depth Drive shoe? ☐ Yes ☑ No
___ in. to ___ ft. depth

2

Type and color of material	From	To
TOPSOIL	0	4
BROWN CLAY	4	22
BLUE CLAY	22	44
COARSE GRAVEL	44	48
BLUE CLAY	48	53
SHALE STOP	53	

(use a second sheet if needed)

8 Screen:
Manufacturer JESS + LOWELL
Type ~~SLOTTED~~ Dia. 5
Slot/gauze 16 Length 10'
Set between 52 ft. and 42 ft.
Fittings:
Gravel pack ☑ Yes ☐ No Size range of material ⅛"x¼"

9 Static water level:
30 ft. below land surface Date 9/22/75

10 Pumping level below land surfaces:
N/A ft. after N/A hrs. pumping N/A g.p.m.
N/A ft. after N/A hrs. pumping N/A g.p.m.
Estimated maximum yield 20 g.p.m.

11 Water ~~sample~~ submitted:
☑ Yes ☐ No Date ___

12 Well head completion:
☐ Pitless adapter ☑ Inches above grade

13 Well grouted? ☑ Yes ☐ No
☐ Neat cement ☐ Bentonite ☐ ___
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. 200 Direction NORTH Type CREEK
Well disinfected upon completion? ☐ Yes ☑ No

15 Pump: ☑ ~~Not installed~~
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation

Topography:
☐ Hill
☐ Slope
☑ Upland
☐ Valley

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.
GEO COX + SONS INC 258
Business name License No.
Address CLIFTON, KANSAS
Signed [signature] Date 9/23/75
Authorized representative

10 1E 24 CW½SW

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

Form WWC-5

677-H