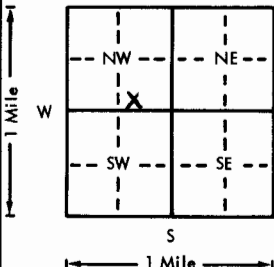


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>POTT</b>	Fraction <b>SW 1/4 SE 1/4 NW 1/4</b>	Section number <b>1</b>	Township number <b>T 10 S R 11 E</b>	Range number <b>11 E</b>
2. Distance and direction from nearest town or city: <b>2 E 1/2 S</b>			3. Owner of well: <b>Joe Schumann</b>			
Street address of well location if in city: <b>of Belone, Kansas</b>			R.R. or street: City, state, zip code: <b>Belone</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>30</b> in. Completion date <b>6-2-76</b> Well depth <b>59</b> ft.		
				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		
5. Type and color of material		From To		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		
top soil & clay		0 14		9. Casing: Material <b>AC</b> Height: (Above or below)		
sand		14 20		Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in.		
sand & gravel		20 28		RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>34</b> lbs./ft.		
gravel		28 32		Dia. <b>1 1/2</b> in. to <b>59</b> ft. depth Wall Thickness: inches or		
sand		32 34		Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>34</b>		
gravel		34 65		10. Screen: Manufacturer's name <b>Johnson</b>		
sand rock		65 72		Type <b>Tannite</b> Dia. <b>16</b>		
stop		72		Slot/gauge <b>1/8</b> Length <b>26'</b>		
				Set between <b>33</b> ft. and <b>59</b> ft.		
				Gravel pack? <b>YES</b> Size range of material <b>1/8-1/4"</b>		
				11. Static water level: <input type="checkbox"/> mo./day/yr. <b>18</b> ft. below land surface Date <b>12-6-75</b>		
				12. Pumping level below land surfaces: <b>25</b> ft. after <b>1/2</b> hrs. pumping <b>1300</b> g.p.m.		
				<b>25</b> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.		
				Estimated maximum yield <b>2500</b> g.p.m.		
				13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade		
				15. Well grouted? <b>YES</b>		
				With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete		
				Depth: From <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: ft. <b>1500</b> Direction <b>W</b> Type <b>HOUSE</b>		
				Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				17. Pump: <input type="checkbox"/> Not installed		
				Manufacturer's name <b>WLR</b>		
				Model number <b>8M</b> HP <b>40</b> Volts <input type="checkbox"/>		
				Length of drop pipe <b>53</b> ft. capacity <b>1500</b> g.p.m.		
				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		
18. Elevation:		19. Remarks: <b>Corrected report sent in earlier after customer grouted well according to required regulations</b>		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>Geo Cox &amp; Sons Inc 258</b> Business name <b>Clifton Kansas</b> License No. <input type="checkbox"/> Address <b>Francis Cox</b> Date <b>6-2-76</b> Signed <b>Francis Cox</b> Authorized representative		

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

Form WWC-5