

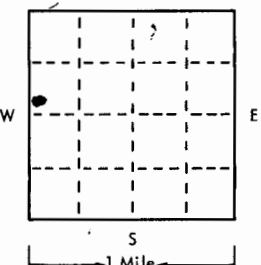

USE TYPEWRITER OR BALL
POINT PEN—PRESS FIRMLY,
PRINT CLEARLY.

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

SW 1/4 SW 1/4 NW 1/4

1 Location of well:	County <u>Marion</u>	Township name <u>Cedar</u>	Fraction <u>SW 1/4</u>	Section number <u>25</u>	Town number <u>22</u>	Range number <u>5 E</u>
Distance and direction from nearest town or city: <u>3 mi NE Burns</u>			3 Owner of well: <u>Old Schmidt</u>			
Street address of well location if in city:			Address: <u>Burns Hwy 66840</u>			
Locate with "X" in section below: 			Sketch map: 			4 Well depth: <u>125</u> ft. Date of completion <u>4-7-1926</u> Well diameter <u>9</u> in.
2 Type and color of material			From	To	5 <input checked="" 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 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 <u>Plus</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>16</u> in. Diam. <u>9</u> in. Weight <u>125</u> lbs./ft. in. to <u>125</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No in. to <u>50</u> ft. depth <u>Plus</u>			
			8 Screen: Manufacture <u>certified</u> Type <u>Plus</u> Dia. <u>6 in</u> Slot/gauze <u>30 ft</u> Length <u>30 ft</u> Set between <u>95</u> ft. and <u>125</u> ft. Fittings: <u>MNC</u> Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material <u>X</u>			
			9 Static water level: <u>50</u> ft. below land surface Date <u>4-7-1926</u>			
(use a second sheet if needed)			10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ 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 <u>16</u> inches above grade		13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>top</u> ft. to <u>90</u> ft. <u>0-20'</u>	
			14 Nearest source of possible contamination: <u>MNC</u> <u>100</u> ft. Direction <u>North</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.m.p. 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	
			16 Remarks: elevation Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> 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. <u>Schmidt Water Well</u> Business name <u>Marion</u> License No. <u>288</u> Address <u>Marion</u> Date <u>April 7 1926</u> Signed <u>William H. ...</u>	

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

Form WWC-5