

30

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

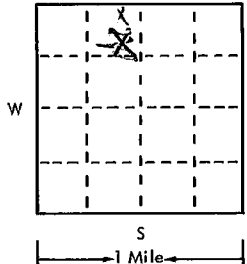
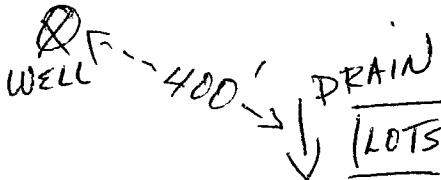
NE NW NW

WATER WELL RECORD
KSA 82a-1201-1215

CS 1/2 NE 1/4

5 2E 20C S NEW
T R EW sec 1/4 1/4 No.

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

1 Location of well:	County WASHINGTON	Township name SHERIDAY	Fraction NE 1/4	Section number 20	Town number T55	Range number R2E																																										
Distance and direction from nearest town or city: 3 NORTH 2 EAST OF CLIFTON			3 Owner of well: FRANKIS LONG Address: CLIFTON, KANSAS																																													
Locate with "X" in section below: N  W S E 1 Mile			Sketch map: 			4 Well depth: 155 ft. Date of completion: 10/13/75 Well diameter: 3 in.																																										
2 Type and color of material			From		To		5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary																																									
							6 Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well																																									
<table border="1"> <tr><td>TOPSOIL</td><td>0</td><td>2</td></tr> <tr><td>GRAY CLAY</td><td>2</td><td>5</td></tr> <tr><td>ROCKY</td><td>5</td><td>7</td></tr> <tr><td>GRAY + YELLOW CLAY</td><td>7</td><td>26</td></tr> <tr><td>RED CLAY</td><td>26</td><td>55</td></tr> <tr><td>HARD ROCK</td><td>55</td><td>59</td></tr> <tr><td>BLUE CLAY</td><td>59</td><td>64</td></tr> <tr><td>RED CLAY</td><td>64</td><td>87</td></tr> <tr><td>SANDROCK</td><td>87</td><td>94</td></tr> <tr><td>CLAY W/ ROCK LAYERS</td><td>94</td><td>114</td></tr> <tr><td>BLUE SHALE</td><td>114</td><td>128</td></tr> <tr><td>RED SHALE</td><td>128</td><td>144</td></tr> <tr><td>BLUE SHALE</td><td>144</td><td>160</td></tr> <tr><td>STOP</td><td>160</td><td></td></tr> </table>			TOPSOIL	0	2	GRAY CLAY	2	5	ROCKY	5	7	GRAY + YELLOW CLAY	7	26	RED CLAY	26	55	HARD ROCK	55	59	BLUE CLAY	59	64	RED CLAY	64	87	SANDROCK	87	94	CLAY W/ ROCK LAYERS	94	114	BLUE SHALE	114	128	RED SHALE	128	144	BLUE SHALE	144	160	STOP	160				7 Casing: Material PVC Height: above/below Threaded ☐ Welded ☒ Surface 15 in. Diam. Weight 3 lbs./ft. 5 in. to 155 ft. depth Drive shoe? ☐ Yes ☒ No	
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8 Screen: Manufacturer CERTAINTEED Type SLOTTED PVC Slot/gauze 1/16 Length 240 Set between 155 ft. and 135 ft. 100-80 Fittings: Gravel pack ☒ Yes ☐ No Size range of material 1/8" x 1/4"																																																
					9 Static water level: 30 ft. below land surface Date 10/13/75																																											
					10 Pumping level below land surfaces: 110 ft. after 1/4 hrs. pumping NA g.p.m. 110 ft. after 1/4 hrs. pumping NA g.p.m. Estimated maximum yield 5 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. 400 Direction EAST Type LOTS Well disinfected upon completion? ☒ Yes ☐ No																																											
					15 Pump: ☒ Not installed Manufacturer's name Model number HP Volts Length of drop pipe ft. capacity g.p.m. Type: ☐ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other																																											
					16 Remarks: elevation 1360 WELL ON HILL, GOOD DRAINAGE AWAY FROM WELL LOCATION 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 David Cox Date 10/13/75 Authorized representative																																											

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

Form WWC-5