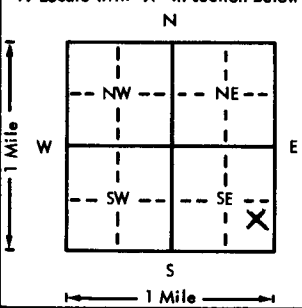


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>CLAY</u> Fraction <u>NE 1/4 SE 1/4 SE 1/4</u> Section number <u>29</u> Township number T <u>7</u> S R <u>3</u> <u>EW</u>	
2. Distance and direction from nearest town or city: <u>1/2 N</u> Street address of well location if in city: <u>CLAY CENTER</u>	
3. Owner of well: <u>JEROME CRIMMINS</u> R.R. or street: <u>211 CRAWFORD</u> City, state, zip code: <u>CLAY CENTER, KANS 67432</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
6. Bore hole dia. <u>8</u> in. Completion date <u>12/19/75</u> Well depth <u>73</u> ft.	
7. Cable tool <input checked="" 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	
8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material <u>PVC</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>15</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>3</u> lbs./ft. Dia. <u>5</u> in. to <u>73</u> ft. depth Wall Thickness: inches or Dia. <u>   </u> in. to <u>   </u> ft. depth Gage No. <u>160-4</u>	
10. Screen: Manufacturer's name <u>CERTIFIED</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/16"</u> Length <u>20'</u> Set between <u>73</u> ft. and <u>53</u> ft. ft. and <u>   </u> ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>1/8 x 1/4"</u>	
11. Static water level: <u>24</u> ft. below land surface Date <u>12/19/75</u> <u>24</u> <u>12/19/75</u> <u>24</u> <u>12/19/75</u>	
12. Pumping level below land surfaces: <u>   </u> ft. after <u>   </u> hrs. pumping <u>   </u> g.p.m. <u>   </u> ft. after <u>   </u> hrs. pumping <u>   </u> g.p.m. Estimated maximum yield <u>25</u> g.p.m.	
13. Water sample submitted: <u>   </u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>   </u>	
14. Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> Yes With <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: ft. <u>   </u> Direction <u>   </u> Type <u>   </u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>   </u> Model number <u>   </u> HP <u>   </u> Volts <u>   </u> Length of drop pipe <u>   </u> ft. capacity <u>   </u> g.p.m. 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	
(Use a second sheet if needed)	
18. Elevation: Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>NEW HOMESITE IN PASTURE. WELL WILL BE ABOVE ALL DRAINAGE</u>
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. <u>GEO COX + SONS INC 258</u> Business name <u>   </u> License No. <u>   </u> Address <u>CLAYTON, KANSAS</u> Signed <u>   </u> Date <u>12/19/75</u> Authorized representative	

7-30-75  
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5