WATER WELL RECORD
KSA 82a-1201-1215

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

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
X	Clay	NW 1/4 NE 1/4 NW 1/4	2	T 8 S	R 2 E E/W

2. Distance and direction from nearest town or city: **1 W - 1 N - 1 W of Clay Center**

Street address of well location if in city:

3. Owner of well: **Sam Gibbs**
R.R. or street: **Route # 1**
City, state, zip code: **Clay Center, Kansas 67432**

1. Locate with "X" in section below: Sketch map:

N

-- NW -- X	-- NE --
-- SW --	-- SE --

W — E

S

1 Mile

6. Bore hole dia. **8** in. Completion date
Well depth **46** ft. **8/16/1979**

7. __ Cable tool **X** Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: **X** Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material **PVC** Height: Above or XXX
Threaded ___ Welded ___ Surface **12** in.
RMP___ PVC **X** Weight **3** lbs./ft.
Dia. **5** in. to **46** ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth XXXXX **.258**

5. Type and color of material	From	To
Top soil & clay	0	15
Sand & gravel	15	19
Gravel	19	46
(Use a second sheet if needed)		

10. Screen: Manufacturer's name
Pumpco Supply, Inc.
Type **PVC** Dia. **5**
Slot/XXX **1/16** Length **10**
Set between **36** ft. and **46** ft.
___ ft. and ___ ft.
Gravel pack? **X** Size range of material **1/8-¼**

11. Static water level: mo./day/yr.
12 ft. below land surface Date **8/16/1979**

12. Pumping level below land surfaces:
30 ft. after **1** hrs. pumping **100** g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield **150** g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes **X** No Date

14. Well head completion:
__ Pitless adapter **12** Inches above grade

15. Well grouted? **X**
With: **X** Neat cement ___ Bentonite ___ Concrete
Depth: From **0** ft. to **10** ft.

16. Nearest source of possible contamination: **None**
ft. ___ Direction ___ Type ___
Well disinfected upon completion? **X** Yes ___ No

17. Pump: **X** 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

18. Elevation:

Topography:
__ Hill
__ Slope
__ Upland
X Valley

19. Remarks:

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.
Cox - Beswick   361
Business name
Address **Clifton, Kansas 66937** License No.
Signed _Francis Cox_ Date **9/8/'79**
Authorized representative

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

Form WWC-5

MI-1023