

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

8 2 E 7 N E N E N E N E
T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

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

1 Location of well:	County CLAY	Township name BLAINE	Fraction NE 1/4	Section number 7	Town number T 8 S	Range number R 2 E
Distance and direction from nearest town or city: 6 WEST OF CLAY CENTER				3 Owner of well: JOHN SCHWITZER Address: CLAY CENTER, KANS		
Locate with "X" in section below:		Sketch map:		4 Well depth: 60 ft. Date of completion 10/11/75 Well diameter 10 in.		
				5 <input type="checkbox"/> 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		
2		Type and color of material		From	To	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 checked="" type="checkbox"/> Test well <input type="checkbox"/>
		TOPSOIL		0	3	7 Casing: Material PVC Height: (above) below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 1/2 in. Diam. 3 in. Weight 7 lbs./ft. 5 in. to 60 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No — in. to — ft. depth
		BROWN CLAY		3	8	8 Screen: Manufacturer CERTAINTEED Type PVC Dia. 5" Slot/gauze 1/16" Length 20' Set between 40 ft. and 60 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/8" x 1/4"
		RED CLAY		8	28	9 Static water level: 30 ft. below land surface Date 10/11/75
		SANDY		28	30	10 Pumping level below land surfaces: NA ft. after NA hrs. pumping NA g.p.m. NA ft. after NA hrs. pumping NA g.p.m. Estimated maximum yield 1 g.p.m.
		SHALE (BLUE)		30	58	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
		GYP IN BLUE SHALE		58	60	12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade
		STOP		60		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 0 ft. to 10 ft.
						14 Nearest source of possible contamination: ft. 100' Direction: SE Type SEPTIC TANK 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 type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" 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. Geo Cox + Sons Inc 258 Business name _____ License No. _____ Address ELIOTON, KANSAS Signed David Cox Date 10/11/75 Authorized representative		

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

Form WWC-5