

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 CLAY | Fraction SW 1/4 NW 1/4 NW 1/4 | Section number 6 | Township number T 8 S R | Range number 3 EW |
| 2. Distance and direction from nearest town or city: 1 W - 1 N | | | 3. Owner of well: JOHN SCHLITZ | | | |
| Street address of well location if in city: CLAY CENTER | | | R.R. or street: RR 4 | | | |
| | | | City, state, zip code: CLAY CENTER, KANS 67432 | | | |
| 4. Locate with "X" in section below: | | Sketch map: | | 6. Bore hole dia. 8 in. Completion date | | |
| | | | | Well depth 59 ft. 4-14-79 | | |
| | | | | 7. <input checked="" 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 | | |
| | | | | 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 PVC Height: 0 above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 3 lbs./ft. Dia. 5 in. to 59 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 1258 | | |
| 5. Type and color of material | | | | From | To | 10. Screen: Manufacturer's name |
| TOPSOIL | | | | 0 | 3 | PUMTCO |
| BROWN CLAY | | | | 3 | 20 | Type PVC Dia. 5" |
| SAUDY CLAY | | | | 20 | 23 | Slot gauge 1/16 Length 20' |
| GRAVEL | | | | 23 | 52 | Set between 39 ft. and 59 ft. |
| BLUE CLAY | | | | 52 | 60 | ft. and <input type="checkbox"/> ft. |
| STOP | | | | 60 | | Gravel pack? YES Size range of material 5x14 |
| | | | | | | 11. Static water level: _____ mo./day/yr. 12 ft. below land surface Date 4-14-79 |
| | | | | | | 12. Pumping level below land surface: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after NA hrs. pumping _____ g.p.m. Estimated maximum yield 50+ g.p.m. |
| | | | | | | 13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____ |
| | | | | | | 14. Well head completion: _____ Pitless adapter 12 Inches above grade |
| | | | | | | 15. Well grouted? YES With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 4 ft. to 14 ft. |
| | | | | | | 16. Nearest source of possible contamination: SEPTIC ft. 100 Direction EAST Type TANK Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | 17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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: | | 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. DAREN COX & SONS INC 359 Business name _____ License No. _____ Address CLAYTON KANS 66637 Signed Daryl Cox Date 4-16-79 Authorized representative | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | | |

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T-8
R-3
W-E
Sec-6
1/4-1/4-1/4-1/4
SW NW NE NW

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

Form WWC-5