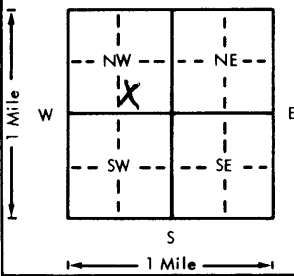


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>SW 1/4 SE 1/4 NW 1/4</u> Section number <u>13</u> Township number <u>T 8 S R</u> Range number <u>#30 EW</u>	
2. Distance and direction from nearest town or city: <u>3 1/2 E - 1 1/2 S</u> Street address of well location if in city: <u>CLAY CENTER</u>	
3. Owner of well: <u>JACK MCKEE</u> R.R. or street: <u>CLAY CENTER</u> City, state, zip code: <u>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>12/18/75</u> Well depth <u>150</u> ft.	
7. <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	
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>2 1/4</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>3</u> lbs./ft. Dia. <u>5</u> in. to <u>150</u> ft. depth Wall thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>1607E</u>	
10. Screen: Manufacturer's name <u>JESS & LOWELL</u> Type <u>PVC</u> Dia. <u>5</u> Slot gauge <u>1/16"</u> Length <u>40'</u> Set between <u>150</u> ft. and <u>110</u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? <input checked="" type="checkbox"/> YES Size range of material <u>1/16" x 1/8"</u>	
11. Static water level: <u>116</u> ft. below land surface Date <u>12/18/75</u> mo./day/yr.	
12. Pumping level below land surface: <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 type="checkbox"/> No <input checked="" type="checkbox"/> Date <u> </u>	
14. Well head completion: <u> </u> 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>300</u> Direction <u>NORTH</u> Type <u>SEPTIC TANK</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:	19. Remarks:
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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 License No. <u> </u> Address <u>GRIETON, KANSAS</u> Signed <u>Daryl Cox</u> Date <u>12/19/75</u> Authorized representative

T 8
 R 30
 W
 Sec 13
 1/4 1/4 1/4 1/4
 SASEWU

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

Form WWC-5