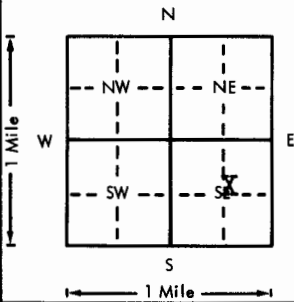


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 GRAY	Fraction SW NE NW 1/4 SE 1/4 SE 1/4	Section number 35	Township number T 26 S	Range number R 30 W
2. Distance and direction from nearest town or city: 8-3/4 South, 1/4 West of Charleston, KS Street address of well location if in city:			3. Owner of well: Henry Schmidt R.R. or street: City, state, zip code: Montezuma, Kansas 67867			
4. Locate with "X" in section below: 			Sketch map:		6. Bore hole dia. 26 in. Completion date 9-20-75 Well depth 230 ft.	
5. Type and color of material			From		To	
10. Screen: Manufacturer's name Johnson Division Type Galvanized Dia. 16" Slot/gauze _____ Length 20' Set between 190 ft. and 210 ft. Perf: 80-190 ft. and 210-230 ft. Gravel pack? Yes Size range of material: 1/4" Down			11. Static water level: _____ mo./day/yr. 69 ft. below land surface Date 9-5-75			
12. Pumping level below land surfaces: 79 ft. after 2 hrs. pumping 776 g.p.m. 87 ft. after 4 hrs. pumping 1306 g.p.m. Estimated maximum yield 1300 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 _____ Bentonite _____ Concrete _____ Depth: From 0 ft. to 10 ft.			
16. Nearest source of possible contamination: ft. _____ Direction _____ Type N/A Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			17. Pump: _____ Not installed Manufacturer's name Peerless - F M C Model number 05287 HP 100 Volts _____ Length of drop pipe 160 ft. capacity 1300 g.p.m. Type: ____ Submersible <input checked="" type="checkbox"/> Turbine ____ Jet _____ Reciprocating ____ Centrifugal _____ Other _____			
18. Elevation:			19. Remarks: USED CASING			
Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope ____ Upland ____ 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. Minter-Wilson Drilling 208 Business name _____ License No. _____ Address Box A, Garden City, KS Signed _____ Date 11-5-76 Authorized representative			

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

Form WWC-5

Professionals

MINTER-WILSON DRILLING CO.

INCORPORATED

and Domes
Water System
Complete Install
and Repair

Phone 276 8269

P. O. Box 493

GARDEN CITY, KANSAS 67846

Verlin ~~Koehn~~
Gray County

2-8-74

Test # 3

Location: $\frac{1}{2}$ East from Test # 2 on pivot

0	5	Top soil
5	20	Fine sand
20	40	Brown clay
40	98	Med. sand & coarse gravel (Loose)
98	105	Fine to med. sand & gravel with streaks of brown clay
105	125	Med. sand & gravel (Loose)
125	140	Med. coarse gravel (Loose)
140	173	Brown sandy clay
173	222	Fine to med. sand & gravel (Loose)
222	230	Brown clay with streaks of gravel (Hard)
230	289	Brown sandy clay
289	298	Brown clay with yellow clay (Hard)
298	305	Shale

Lost circulation at 83 feet