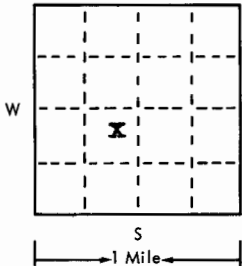


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

2829W 29 NE NE SW
T R EW sec 1/4 1/4 1/4 No.

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

| | | | | | | |
|---|-----------------------|--|----------|---|------------------------------|-------------------------------|
| 1 Location of well: | County Gray | Township name Montezuma NENE SW $\frac{1}{4}$ | Fraction | Section number #29 | Town number T #28S | Range number R #29W |
| Distance and direction from nearest town or city: 3 west, 1 south, and $\frac{1}{2}$ miles west of Montezuma on highway 56 | | | | 3 Owner of well: Robert Schmidt Address: Montezuma, Kansas | | |
| Locate with "X" in section below: N  W S E 1 Mile | | | | Sketch map: SW $\frac{1}{4}$ of Section #29 and T #28S and R #29W | | |
| 2 | | | | 4 Well depth: 305 ft. Date of completion 7-3-75 Well diameter 8 in. | | |
| Type and color of material | | | | 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 | | |
| 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 type="checkbox"/> Test well <input type="checkbox"/> | | |
| Top soil & clay | | | | 7 Casing: Material RMP Height: above xxx Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 5 in. to 305 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No in. to in. ft. depth | | |
| Clay | | | | 8 Screen: Manufacturer Sunflower Type RMP Dia. 5" Slot/gauze 1/8" Length 20 ft. Set between 280 ft. and 300 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4" | | |
| Clay & coarse sand | | | | 9 Static water level: 109 ft. below land surface Date 7-3-75 | | |
| Coarse sand | | | | 10 Pumping level below land surfaces: 110 ft. after 2 hrs. pumping 40 g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield 60 g.p.m. | | |
| " " | | | | 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date | | |
| Medium to coarse sand | | | | 12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter 12 inches above grade | | |
| Clay | | | | 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 10 ft. to 20 ft. | | |
| Clay | | | | 14 Nearest source of possible contamination: ft. 150 Direction SE Type Sewer System Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Clay & sand stone | | | | 15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Aermotor Model number SD19-150 1 1/2 Volts 230 Length of drop pipe 130 ft. capacity 19 g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other | | |
| Sand stone | | | | 16 Remarks: elevation | | |
| " " | | | | 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. JOE'S WELL SERVICE 179 Business name License No. Address Box 174 Cimarron, Ks. Signed Joey Crick Date 8-27-75 Authorized representative | | |
| " " | | | | | | |
| (use a second sheet if needed) | | | | | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | | |

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

Form WWC-5