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

WATER WELL RECORD KSA 82a-1201-1215

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

Schmidt	Schmidt #1 CWW Inv. #11258						Topeka, Kansas 66620			
	County	Township name	Fraction Section number				Town number	Range number		
1 Location of well:	Meade		SW SE 20				30S	2 <i>9</i> W		
Distance and direct	ion from nearest town or cit	y: 5 Mi. East	on Hwy 3 Ow	ner of wel	: Rine	Di	illing Co.			
Street address of we	Il location if in city:	9 Mi. North,	& ¼ West	ldress:	3 00	W.	Douglas			
Locate with "X" in	υO .	Loct。 Sketch map:	1/ 1		Wich	nita 4 v	Nell depth: 240 ft.	Date of completion 4/25/7		
	N	Lo	ct				Well diameter9 in.			
					,	5 Cable tool X Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary				
w E				ORTH		6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial Test well Dil Well				
Plains House							7 Casing: MaterialPVC Height: above/below Threaded Welded Surface18 in.			
<u> </u>	Mile -	5 m	iEast				in. to 180 ft. depth	Weight 2.78 lbs./ft Drive shoe? Yes No		
2	Тур	e and color of material		From	То					
Countra				0	2		Screen: Manufacturer None			
Surface				1 -			TypeSlot/gauze			
Clay				2	22	Set between ft, and ft				
Fine Sa	nd			22	81		Fittings: Gravel pack 🔀 Yes 🗌 No	Size range of material		
Sandy C	lay			81.	114	9 :	Static water level: 118ft. below land surface	e Date 11/25/75		
Fine to Med. Sand & Gravel				114	2770		Pumping level below land su			
							ft. after hrshrshrshrshrshrshrshrshrs	Coumping g.p.m.		
This W	ater Well	Green to	Dale Sch	mid	4		stimated maximum yield — Nater sample submitted:	g.p.m.		
,	oxtezuma						Yes XNo Dat Well head completion:	e		
						[Pitless adapter 1	Inches above grade		
DRLG Co. by written com. Received				_			13 Well grouted? X Yes No X Neat cement Bentonite			
From L.B. Mc Cure or 5/28/75.						Depth: From _O_ft. to _1O_ft.				
3/28/75 NUNK				+			14 Nearest source of possible contamination: ft. 100 Direction SW Type 011			
							Well disinfected upon compl			
							Pump: Manufacturer's name	Not installed		
						1	Model number	_		
				+			Гуре:			
						[☐ Turbine☐ Reciprocating		
	(use	a second sheet if needed)					Certrifugal	Other		
16 Remarks: elevat	ion						Nater well contractor's certi			
							his well was drilled under me eport is true to the best of m	· ·		
Topography:							Carlile Water	Well 118		
☐ Hill ☐ Slope							Business name Address Box 275, I	iberal, Ks. 6790		
∑ Upland							Signed Authorized represe	Neana Date 5/1/75		

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

Form WWC-5