

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

LEXINGTON

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

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

1 Location of well:		County CLARK	Township name LEXINGTON	Fraction SE 1/4 SE 1/4 NE 1/4	Section number 33	Town number 31	Range number 21
Distance and direction from nearest town or city: 6 N - 6 W - 1/2 N				3 Owner of well: FRANK DAILY			
Street address of well location if in city: FROM PROTECTION, KA.				Address: COLDWATER, KAN. 67029			
Locate with "X" in section below:		Sketch map:		4 Well depth: 63 ft. Date of completion 2-11-75 Well diameter 8 in.			
				5 <input checked="" type="checkbox"/> Cable tool <input 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			
				6 Use: <input 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 checked="" type="checkbox"/> PASTURE			
				7 Casing: Material RMP Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 16 in. Diam. _____ Weight _____ lbs./ft. _____ 5 in. to 63 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth			
2		Type and color of material		From	To	8 Screen: Manufacturer JESS Y LOWE & CO Type 200 Dia. 5' Slot/gauze SAW Length 15' Set between 48 ft. and 63 ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 4-3/4	
		TOPSOIL		0	2	9 Static water level: 25 ft. below land surface Date 2-11-75	
		TAN CLAY W-WHITE LUMPS		2	25	10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
		RED CLAY, SILTY LAYERS, ROCK		25	63	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
		ROCK 63'				12 Well head completion: <input type="checkbox"/> Pitless adapter 24 inches above grade	
		25				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> CONCRETE Depth: From 10 ft. to 20 ft.	
		38				14 Nearest source of possible contamination: NONE ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		in Alluvium				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name DEMSTER Model number _____ HP WIND Volts _____ Length of drop pipe 62 ft. capacity 2 1/2 g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
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.					
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		very slight slope. water seeps from cracks + silty layers TOPO 2012 63 1799					
		WYMER BROS. SHOP 228 Business name _____ License No. _____ Address PROTECTION KA 67127 Signed Kenneth [Signature] Date 6-20-75 Authorized representative					

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

Form WWC-5