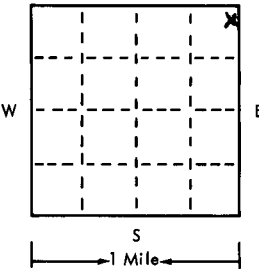


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 SMITH	Township name Center	Fraction WENE NE	Section number 8	Town number T35	Range number R13 EW		
Distance and direction from nearest town or city: 1 mile W 1/4 N			3 Owner of well: John E Maxwell					
Street address of well location if in city: of Smith center ks			Address: RR3 Smith center ks					
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: 75 ft. Date of completion 3-21-75 Well diameter 8 in.		
2 Type and color of material			From		To			
			top soil & clay		0	30	8 Screen: Manufacturer Jet stream Type stirrered plastic Dia. 5	
			sand clay & rocks		30	50	Slot/gauze 0030 Length 10 Set between 51 ft. and 61 ft.	
			clay bluish black		50	60	Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4-3/8	
			shale		60	75	9 Static water level: 50 ft. below land surface Date 3-21-75	
							10 Pumping level below land surfaces: 61 ft. after 1 hrs. pumping 5 g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 5 g.p.m.	
							11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____	
							12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 18 Inches above grade	
							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 15 ft. to 5 ft.	
							14 Nearest source of possible contamination: 1/4 mile Direction west Type draw Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(use a second sheet if needed)					15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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			
					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. Marvin Well Drilling 165 Business name _____ License No. _____ Address Red Cloud mo Signed Ray Marvin Date 3-21-75 Authorized representative			
16 Remarks: elevation								
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley								