

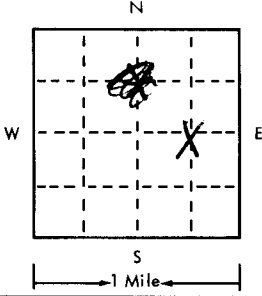
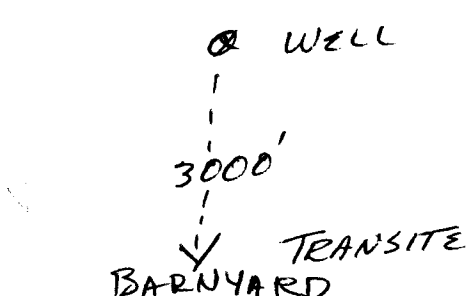
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

6 **1** **W** **23** **C** **W** **N** **E**
T R EW sec 1/4 1/2 No.

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

CN 1/2 N 1/2

1 Location of well:	County CLOUD	Township name SHIRLEY	Fraction SE 1/4	Section number 23	Town number T6 S	Range number R1	
Distance and direction from nearest town or city: 1/2 SOUTH 1 EAST OF CLYDE			3 Owner of well: Jim Koch Address: CLYDE KANSAS				
Locate with "X" in section below: 			Sketch map: 			4 Well depth: 126 ft. Date of completion 9/24/75 Well diameter 12 in.	
2 Type and color of material			From		To		
			TOPSOIL		0 2		
BROWN CLAY		2 14		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			
SANDY CLAY		14 25		6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>			
SANDROCK		25 36		7 Casing: Material AC Height: above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 12 in. Weight 30 lbs./ft. 12 in. to 126 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
BROWN CLAY		36 53		8 Screen: Manufacturer: JOHNSON CONCRETE Type: SAVED AC Dia. 12 Slot/gauze 1/8" Length 39 Set between 126 ft. and 87 ft.			
BROWN CLAY w/ROCK		53 63		Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4" - 1/2"			
ROCK w/ CLAY LAYERS		63 70		9 Static water level: 30 ft. below land surface Date 9/24/75			
SANDROCK		70 122		10 Pumping level below land surfaces: 100 ft. after 1 hrs. pumping 540 g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 540 g.p.m.			
BLUE SHALE		122 130		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____			
STOP		130		12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade			
(use a second sheet if needed)				13 Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> ____ Depth: From ____ ft. to ____ ft.			
16 Remarks: elevation				14 Nearest source of possible contamination: ft. 3000 Direction SOUTH Type LOTS Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				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			
CONCRETE SLAB TO BE INSTALLED BY OWNER				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. BOOLAKE SONS INC 258 Business name License No. Address CLIFTON, KANS Signed Stanley Date 10/1/75 Authorized representative			

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

Form WWC-5