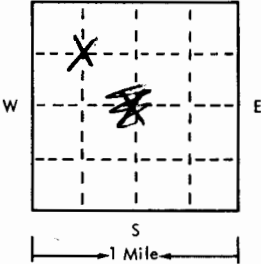


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

6 1 W 26 CW
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 CLOUD	Township name SHIRLEY	Fraction CNW 1/4	Section number 26	Town number T 6 S	Range number R 1 W
Distance and direction from nearest town or city: 8 SOUTH OF CLYDE			3 Owner of well: IVAN HAMEL Address: CLYDE, KANSAS			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map: ASBESTOS CEMENT			4 Well depth: 154 ft. Date of completion 9/24/75 Well diameter 22 in.
2			Type and color of material	From	To	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
			TOPSOIL	0	3	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"/>
			SANDY CLAY	3	22	7 Casing: Material ASBESTOS CEMENT Height: Above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. Diam. 30 lbs./ft. — 12 in. to 154 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No — in. to — ft. depth
			CLAY W/ ROCK LAYERS	22	53	8 Screen: Manufacturer JOHNSON CONCRETE Type SANDPAPER Dia. 12 Slot/gauze 1/8" Length 39 Set between 117 ft. and 154 ft. — Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4" - 1/2"
			SANDROCK	53	158	9 Static water level: 55 ft. below land surface Date 9/25/75
			BLUE SHALE	158	163	10 Pumping level below land surfaces: 150 ft. after 1 hrs. pumping 900 g.p.m. 100 ft. after 1/2 hrs. pumping 500 g.p.m. Estimated maximum yield 960 g.p.m.
			STOP	163		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
(use a second sheet if needed)					12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade	
					13 Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> CEMENT Depth: From 0 ft. to 10 ft.	
					14 Nearest source of possible contamination: ft. 1000 Direction N Type SEWER Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					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	
16 Remarks: elevation 100 Topography: PROPER SLAB TO BE RUN BY PUMP INSTALLER <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			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. GEO COX & SONS INC 258 Business name License No. _____ Address CLIFTON, KANSAS Signed Douglas Cox Date 10/1/75 Authorized representative			

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

Form WWC-5