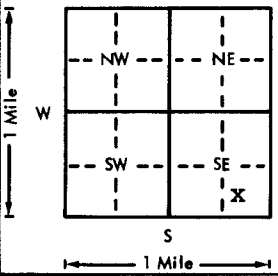


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment—Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

DDC

1. Location of well:		County <b>Sheridan</b>	Fraction <b>SW 1/4 SE 1/4 SE 1/4</b>	Section number <b>9</b>	Township number <b>T 9 S R 30</b>	Range number <b>30</b>	<b>E/W</b>
2. Distance and direction from nearest town or city: <b>From Menlo, KS 3 E; 6 3/4 S; 1/4 W to Well</b> Street address of well location if in city:				3. Owner of well: <b>Jack Schiltz</b> R.R. or street: City, state, zip code: <b>Menlo, Kansas</b>			
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: 			6. Bore hole dia. <b>30</b> in. Completion date <b>9-2-76</b> Well depth <b>206</b> ft.	
5. Type and color of material			From	To	7. <input 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 checked="" type="checkbox"/> Reverse rotary		
Clay			0	35	8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
Gravel, Streaks of Clay			35	80	9. Casing: Material <b>Steel</b> Height: Above or <del>Below</del> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>.188</b> lbs./ft. Dia. <b>16</b> in. to <b>136</b> ft. depth; Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth; gage No. <b>#7</b>		
Fine Sand, Clay			80	100	10. Screen: Manufacturer's name <b>Brown</b> Type <b>Regular</b> Dia. <b>16"</b> Slot/gauze <b>xxx 10%</b> Length <b>60'</b> Set between <b>xxx 136</b> and <b>196</b> ft. <b>10' Cook 196</b> ft. and <b>206</b> ft.		
Clay, Streaks of Gravel			100	120	11. Static water level: <input type="checkbox"/> mo./day/yr. <b>113</b> ft. below land surface Date <b>9-3-76</b>		
Fine Sand, Clay			120	151	12. Pumping level below land surfaces: <b>196</b> ft. after <b>2</b> hrs. pumping <b>919</b> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>919</b> g.p.m.		
Med. Gravel			151	159	13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		
Sand Stone			159	160	14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> <b>12</b> inches above grade		
Med. Gravel			160	172	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
Clay, Streaks of Gravel			172	177	16. Nearest source of possible contamination: ft. <b>4000</b> Direction <b>NW</b> Type <b>Farm</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Ochre and Shale			177	206	17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Floway</b> Model number <b>056160</b> HP <b>100</b> Volts <b>480</b> Length of drop pipe <b>190</b> ft. capacity <b>850</b> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
(Use a second sheet if needed)					20. 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. <b>Western Well &amp; Pump</b> 245 Business name Address <b>Box 852 Colby, KS 67701</b> License No. Sign <b>Darryl Berry</b> Date <b>9-15-76</b> Authorized representative		
18. Elevation:		19. Remarks:					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley							

30% #1  
 9  
 30  
 9  
 SW SE SE  
 1/4 1/4 1/4  
 Sec

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5