41V

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

WATER WELL RECORD
KSA 82a-1201-1215

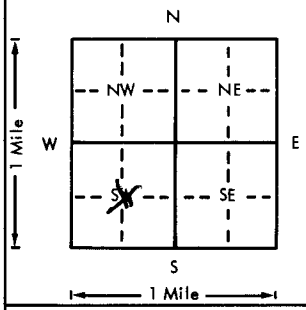
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County: Edwards	Fraction: C/SW (1/4 1/4 1/4)	Section number: 7	Township number: T 24 S	Range number: R 16 E/W

2. Distance and direction from nearest town or city: 1N-3W-[illegible] of Belpre
Street address of well location if in city:

3. Owner of well: Clinton Russell
R.R. or street:
City, state, zip code: Trousdale, Ks.

4. Locate with "X" in section below:



Sketch map:

5. Type and color of material	From	To
Top soil	0	4
Gray clay	4	16
Sand and gravel	16	19
~~Brown clay~~	19	23
Sand and gravel	23	78
Brown clay	78	83
Gray clay	83	93

(Use a second sheet if needed)

6. Bore hole dia. 29 in. Completion date
Well depth 80½ ft. 10-1-76

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
X Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

X Casing: Material steel Height: Above or ~~below~~
Threaded ___ Welded X Surface 12 in.
RMP ___ PVC ___ Weight ___ lbs./ft.
Dia. 16 in. to 80½ ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 7 ga

10. Screen: Manufacturer's name Doerrs
Type steel Dia. 16
Slot/gauze 3/16 Length 28
Set between 52½ ft. and 80½ ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 3/4-3/8-½

11. Static water level: mo./day/yr.
16 ft. below land surface Date 8-19-76

12. Pumping level below land surfaces: NA
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield ___ g.p.m.

13. Water sample submitted: mo./day/yr.
X Yes ___ No Date 8-19-76

14. Well head completion:
___ Pitless adapter ___ Inches above grade

15. Well grouted? X
With: ___ Neat cement ___ Bentonite X Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. ½ Direction West Type Septic
Well disinfected upon completion? ___ Yes ___ No

17. Pump: ___ Not installed
Manufacturer's name W.L.R.
Model number 12 CM HP 40 Volts ___
Length of drop pipe 60 ft. capacity 800 g.p.m.
Type:
___ Submersible X Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

T 24 R 16 (W) E Sec 7 1/4 1/4 1/4 CSE

18. Elevation: 2096'
Topography:
___ Hill
1 Slope
X Upland
___ Valley

19. Remarks:

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.
Rosendrantz-Bemis 134
Business name License No.
Address Great Bend, Ks.
Signed Freadrick Watson Date 11/29/76
Authorized representative

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

Form WWC-5

MI-1023