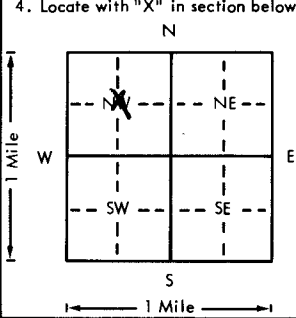


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

1. Location of well:	County: <u>Edwards</u>	Fraction: <u>1/4 C 1/4 NW 1/4</u>	Section number: <u>31</u>	Township number: <u>T 24 S</u>	Range number: <u>R 16 E</u>
2. Distance and direction from nearest town or city: <u>1 1/2 - 5 1/4 - W of Colpe, Ks.</u> Street address of well location if in city:			3. Owner of well: <u>Larry Adams</u> R.R. or street: City, state, zip code: <u>Belpre, Ks. 67519</u>		
4. Locate with "X" in section below: 			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. <u>2 1/2</u> in. Completion date <u>5-9-75</u> Well depth <u>86</u> ft.
<u>Sandy top soil</u>			<u>0</u>	<u>7</u>	7. <input checked="" 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
<u>Clay</u>			<u>7</u>	<u>27</u>	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
<u>Sand w/ little clay mixed</u>			<u>27</u>	<u>42</u>	9. Casing: Material <u>Steel</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>1 1/2</u> in. to <u>86</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>7</u>
<u>Good sand + gravel</u>			<u>42</u>	<u>82</u>	10. Screen: Manufacturer's name <u>Deura</u> Type <u>steel</u> Dia. <u>1 1/2</u> Slot/gauge <u>3/16</u> Length <u>40</u> Set between <u>46</u> ft. and <u>86</u> ft. ft. and _____ ft.
<u>Clay</u>			<u>82</u>	<u>90</u>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4 - 1/2 - 1/4</u>
					11. Static water level: _____ mo./day/yr. <u>16</u> ft. below land surface Date _____
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping <u>NA</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
					13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date _____
					14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
					16. Nearest source of possible contamination: ft. <u>4 mi</u> Direction <u>NE</u> Type <u>House</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: Not installed Manufacturer's name <u>Fairbanks Morse</u> Model number <u>3 1/2 M</u> HP <u>60</u> Volts _____ Length of drop pipe <u>60</u> ft. capacity <u>800</u> 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)					
18. Elevation: <u>2095</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>23670</u> <u>24 1631N BX</u>		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. <u>Rosenkrantz, Bernis 134</u> Business name _____ License No. _____ Address <u>Great Bend, Ks</u> <input checked="" type="checkbox"/> Signed <u>S. Kilgore</u> Date <u>6-19-79</u> Authorized representative		

T 24 S R 16 E W 31 Sec 1/4 1/4 NW

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

Form WWC-5