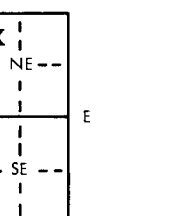


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82g-1201-1215

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

1. Location of well:	County <b>Edwards</b>	Fraction 1/4 NW 1/4 NE 1/4	Section number <b>6</b>	Township number T <b>24</b>	Range number S R <b>17</b>	<b>BW</b>
2. Distance and direction from nearest town or city: <b>4 1/2 miles Northeast of Lewis, KS</b> Street address of well location if in city:			3. Owner of well: <b>Ona Cross</b> R.R. or street: <b>Route 1</b> City, state, zip code: <b>Lewis, KS 67552</b>			
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W E S 1 Mile</div> 			Sketch map:			
5. Type and color of material			From	To		
Top soil and sand			0	9		
Sandy clay and sand streaks			9	30		
Sand & gravel & clay streak at 47' to 48'			30	61		
Limestone, Dakota Drift & fine sand			61	67		
Dakota clay			67	70		
(Use a second sheet if needed)						
6. Bore hole dia. <u>24</u> in. Completion date <u>12-19-</u> Well depth <u>70</u> ft. Pump Set <u>5-15-78</u>		7. Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary				
8. Use: Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other <input type="checkbox"/>						
9. Casing: Material <u>Steel</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>30.3</u> lbs./ft. Dia. <u>16</u> in. to <u>42</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>7 ga.</u>						
10. Screen: Manufacturer's name <u>D-Doerr</u> <u>C-Cook</u> Type <u>Double-slot</u> Dia. <u>16"</u> <u>Slot gauge 1/8"</u> Length <u>C-20', D-8'</u> Set between <u>C 42</u> ft. and <u>62</u> ft. <u>D 62</u> ft. and <u>70</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>3/8-200</u>						
11. Static water level: _____ mo./day/yr. <u>19</u> ft. below land surface Date <u>12-19-77</u>						
12. Pumping level below land surfaces: <u>N/C</u> _____ 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. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____						
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade						
15. Well grouted? <u>Yes</u> 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: <u>FIELD</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
17. Pump: _____ Not installed Manufacturer's name <u>Peerless Pump Co.</u> Model number <u>10LB-6</u> HP <u>50</u> Volts <u>--</u> Length of drop pipe <u>50</u> ft. capacity <u>450</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						
18. Elevation: <u>2117'</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> 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. <u>Clarke Well &amp; Eq., Inc. 185</u> Business name License No. _____ Address <u>Great Bend, KS 67530</u> Signed <u>O.W. Clark</u> Date <u>5-16-78</u> Authorized representative		

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

Form WWC-5