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

WATER WELL RECORD KSA 82a-1201-1215

Ť	R	EW	sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health (Water Well Contractors) Forbes-Bldg. 740 Topeka, Kansas 66620

	County	Township name	Fraction	Section number			Town number	Range number				
1 Location of well:	Edwards	Wayne	CSE3			16		T24S	R17W			
Distance and direction from nearest town or city: 5 mi. Northeast of Lewis KS Jim Cross												
Street address of we	5 mi. Northea Il location if in city:	m cross wis, Kansas x										
Locate with "X" in section below: N							4 Well depth: 72 ft. Date of completion 3-12 75 Well diameter 24 in.					
				5 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary 6 Use: Domestic Public supply Industry								
W E								Irrigation Air conditioning Commercial Test well				
	S -1 Mile			Threaded								
2 Type and color of material						То	in. to ft. depth 8 Screen: Manufacturer Doern Type Double-slot Dia16!!					
Top soil						2						
Grav & bro	wn clav				2	11	Slot gauze1/8 Length40 ' Set between _32 _ ft. and _72 _ ft					
Sand					11	19	Fittings: 3/8-200					
Sand & gravel						48	9 Stat	ric water level: 2 ft. below land surface				
Conglomera	te				48	51		nping level below land surfo ft. after hrs.				
Sand & gravel						70	ft. after hrs. pumping g.p.m. Estimated maximum yield g.p.m.					
Gray clay						72	11 Water sample submitted:					
							_	l head completion: Pitless adapter 12	Inches above grade			
							13 Well grouted? Yes No Note Note Note Note Note Note Note Note					
				ft. We	Direction Direction Upon complet	ion? Yes X No						
								nufacturer's name	Not installed			
								del number H gth of drop pipe ft				
							. =	Submersible	Turbine			
	(use	a second sheet if needed)					_	Jet Certrifugal	Reciprocating Other			
16 Remarks: elevation								17 Water well contractor's certification: This well was drilled under my jurisdiction and this				
Topography:							repo	ort is true to the best of my	knowledge and belief.			
☐ Hill ☐ Slope								Clarke Well & Fq., Inc. 185 Business name Address Great Bend KS Signed Authorized representative				
Upland Valley												

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

Form WWC-5