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

## WATER WELL RECORD KSA 82a-1201-1215

							П
						L	ш
T	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:	Edwa <b>f</b> ds	Wayne	CNE%		16			T24S	R17W	
Distance and direction from nearest town or city:  3 Owner of well:							ш С.х.с.			1
5 mi. Northeast of Lewis, KS Street address of well location if in city:  Address:						Jim Cross Æwis, Kansas				
Locate with "X" in section below: Sketch map:							4 Well depth: 74 ft. Date of completion 3-10-75 Well diameter 24 in.			
W								Cable tool Rotary Hollow rod Jetted Domestic Public:  Irrigation Air con Test well	Bored Reverse rotary supply Industry	
	S Mile						Thre Dia	ng: Material Stee He coded	face 12 in. sight 30.3 lbs./ft	
2	Туре	and color of material			From	То		in. toft. depth		
NXXX XXX	Fine sand				0	10	Manufacturer <u>Doern</u> TypeDoible—slot Dia. 16"  Slot gauze 1/8 Length 40 *  Set between 34 ft. and 74 ft. *			
Sandy clay	,				10	16				
Sand, gravel & clay streaks 28-30 & 60-65					16	73	Fittings: 3/8.  Gravel pack X Yes No Size range of material			
XX Clay					73	74		ic water level: 3 ft. below land surface	Date <u>3—10</u> —75	
							_	ping level below land surfo — ft. after —— hrs. — ft. after —— hrs. noted maximum yield ——	pumping g.p.m. pumping g.p.m.	
		tal t					11 Wate	er sample submitted: 'es 🗵 No Date .		
		V. 75 January .						head completion: Pitless adapter 12	Inches above grade	
			The Control				⊠ t Dept	Neat cement Bentanite	Q ft.	
M			<u> </u>				14 Nea	NONE KNOWN rest source of possible conto	amination:	
		***************************************					Wel 15 Pump	disinfected upon completion:	on? Yes X No	
							Mod		Volts	
	· · · · · · · · · · · · · · · · · · ·						Туре			
	(use	o second sheet if needed)						Submersible	Turbine Reciprocating Other	
Topography: Hill Slope Upland Valley	on						This report	No COL	urisdiction and this knowledge and belief. Tnc. 1.85 License No. d KS	75

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

Form WWC-5