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

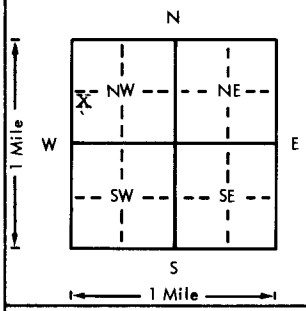
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Edwards	nw 1/4 sw 1/4 nw 1/4	35	T 24 S	R 17 (E/W)

2. Distance and direction from nearest town or city:
4-W 1¼-S of Belpre, Ks.
Street address of well location if in city:

3. Owner of well: John McKinney
R.R. or street: none
City, state, zip code: ~~Lewis~~ Lewis, Ks. 67552

4. Locate with "X" in section below:

Sketch map:



6. Bore hole dia. 10 in. Completion date _____
Well depth 60 ft. 12-26-78

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

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

9. Casing: Material ~~S~~pvc Height: Above or ~~below~~
Threaded ____ Welded ____ Surface 18 in.
RMP ____ PVC X Weight ____ lbs./ft.
Dia. 5⅝ in. to 60 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. .258

5. Type and color of material	From	To
sandy top soil	0	5
clay	5	20
good clean sand & gravel	20	60
(Use a second sheet if needed)		

10. Screen: Manufacturer's name CertainTeed
Type pvc Dia. _____
Slot ~~size~~ 1/16 Length 20
Set between 40 ft. and 60 ft.
_____ ft. and _____ ft.
Gravel pack? X Size range of material 3/4 3/8

11. Static water level: mo./day/yr.
22 ft. below land surface Date 12-26-78

12. Pumping level below land surfaces:
22 ft. after 1 hrs. pumping 60 g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 200 g.p.m.

13. Water sample submitted: mo./day/yr.
X Yes ____ No Date 12-26-78

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

15. Well grouted? X
With: X Neat cement ____ Bentonite ____ Concrete
Depth: From 0 ft. to 12 ft.

16. Nearest source of possible contamination:
ft. 1000 Direction SW Type feedlot
Well disinfected upon completion? hth Yes ____ No

17. Pump: X Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.p.m.
Type:
____ Submersible ____ Turbine
____ Jet ____ Reciprocating
____ Centrifugal ____ Other

18. Elevation:

Topography:
____ Hill
____ Slope
____ Upland
X 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.
Rosencrantz-Bemis 134
Business name License No.
Address Great Bend, Kansas 67530
Signed Sandy Kilgore Date 1-4-79
Authorized representative

T 24 R 17 (E/W) Sec 35 1/4 nw 1/4 sw 1/4 nw

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

Form WWC-5

MI-1023