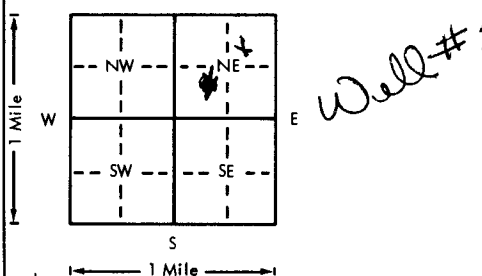


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>SWC 1/4 NE 1/4 NE 1/4</u>	Section number <u>5</u>	Township number T <u>24</u> S R <u>18</u> E/W	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>6 NE Kinsley</u>			3. Owner of well: <u>Jerome Fox</u> R.R. or street: <u>RFD 1</u> City, state, zip code: <u>Kinsley, Kansas 67547</u>		
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 			6. Bore hole dia. <u>29</u> in. Completion date _____ Well depth <u>32</u> ft. <u>9-19-77</u>		
5. Type and color of material			7. <input 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		
			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		
From			9. Casing: Material <u>steel</u> Height: Above or below _____ Threaded _____ Welded _____ Surface <u>18</u> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <u>16</u> in. to <u>32</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <u>7</u>		
			10. Screen: Manufacturer's name <u>Doerrs</u> Type <u>steel</u> Dia. <u>16</u> Slot/gauge <u>3/16</u> Length <u>8</u> Set between <u>24</u> ft. and <u>32</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4 3/8</u>		
Top soil			0	2	11. Static water level: _____ mo./day/yr. <u>14</u> ft. below land surface Date <u>3-25-77</u>
Clay			2	4	12. Pumping level below land surfaces: <u>25</u> ft. after <u>1</u> hrs. pumping <u>296</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
Gravel			4	8	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>3-25-77</u>
Sand + gravel w/clay			8	31	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade
Clay			31	34	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. _____ Direction _____ Type _____ Well disinfected upon completion? <u>HTH</u> Yes <input type="checkbox"/> No
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input 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)					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>Rosencrantz-Bemis</u> <u>134</u> Business name License No. Address <u>Great Bend, Kansas</u> <u>67530</u> Signed <u>Sandy Kilgore</u> Date <u>12-77</u> Authorized representative
18. Elevation:	19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 24 S 18 E
 R 18 W 5
 Sec 5
 94
 76
 180
 5
 SW 1/4
 SE 1/4
 SW 1/4
 SE 1/4

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

Form WWC-5