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

	cation of well: County Edwards Fraction			Section number		Township number	Range number			
1. Location of well:	COULO	NOW	500/2W1/4/L)Er/4		5	1 24 s	R 18	E/W	
Distance and direction from nearest town or city: Street address of well location if in city:					. Owner of well: .R. or street: Lity, state, zip code:		Jerome Fox RFD 1 Kinslev, Kansas 67547			
4. Locate with "X"	in section below:	S	ketch map:				6. Bore hole dio. 29 in Well depth 34 ft.	. Completion date		
- NW - NW - NW - NW	NE SE	JOH	8					Bored Rever ublic supply Ind .ir conditioning Sto Dil field water Ot	ustry ck her	
	S Aile ————————————————————————————————————						Threoded Welded RMP PVC Dia. 1/2 in. to 34 ft. dep	Surface	in. _lbs./ft.	
5. Type and color of material					From	То	Dia in. to ft. depth gage No			
Yoo soil					0	1	Type steel Dia. // Book Slot // Length			
Jan	al				.3	70	Gravel pack? X Size ro		74 3/8	
Lia	vel				9	3)	11. Static water level:ft. below land su	mo.,	/day/yr.	
Clay	(32	40	12. Pumping level below lands of the after ft. after	d surfaces: hrs. pumping 200	g.p.m.	
							14. Well head completion:	Date 3 -25	-g.p.m. /day/yr. 27	
							Pitless adapter 15. Well grouted? With:X Neat cement Depth: From ft. to	Bentonite C		
							16. Nearest source of possible ft Direction Well disinfected upon complete.	Туре	No	
							17. Pump: Manufacturer's name Model number	X Not installed	R	
							Length of drop pipe Type: Submersible		g.p.m.	
-	(Use	a second sh	eet if needed)				Jet Centrifugal	Recipro	ating S	
18. Elevation:	19. Remarks:						20. Water well contractor's This well was drilled under m is true to the best of my know	y jurisdiction and this	report	
Topography: Hill Slope X Upland							Rosencrantz-Be Business name Address Great Bend Signed Authorize Fe	Kansas 6	134 \$ 7530 \$ 72-1-77 5	
Valley	lue and pink copies to the D	enortment o	of Health and Environment				Authorized rep	Form WW	*` C-5	