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

WATER WELL RECORD
KSA 82a-1201-1215

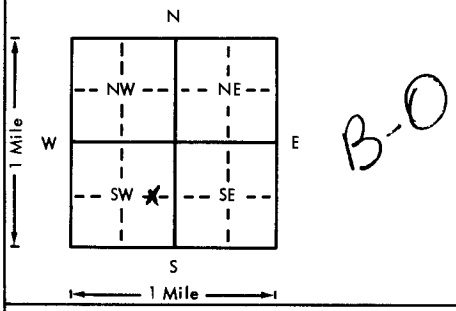
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
B	Edwards	C 1/4 E 1/2 1/4 SW 1/4	8	T 24 S	R 18 E/W

2. Distance and direction from nearest town or city: 3W-2N-5/8 W - North into Field from Lewis, Ks
Street address of well location if in city:

3. Owner of well: O. B. Adams
R.R. or street: West Highway 50
City, state, zip code: Garden City, Ks. 67846

4. Locate with "X" in section below: Sketch map:



6. Bore hole dia. 24 in. Completion date
Well depth 35 ft. 7-12-77

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

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

9. Casing: Material Steel Height: Above or ~~below~~
Threaded ___ Welded ___ Surface 24 in.
RMP ___ PVC ___ Weight ___ lbs./ft.
Dia. 16 in. to 35 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 7

5. Type and color of material	From	To
Sandy top soil	0	2
Fine sand	2	4
Sand & gravel	4	34
Brown clay	34	35

(Use a second sheet if needed)

10. Screen: Manufacturer's name Doerrs
Type Steel Dia.
Slot/~~gauge~~ 31/16 Length 20
Set between 15 ft. and 35 ft.
ft. and ft.
Gravel pack? X Size range of material 1/2 3/4 ~~1~~

11. Static water level: mo./day/yr.
9 ft. below land surface Date 7-11-77

12. Pumping level below land surfaces:
18 ft. after 1 hrs. pumping 350 g.p.m.
ft. after hrs. pumping g.p.m.
Estimated maximum yield weak g.p.m.

13. Water sample submitted: mo./day/yr.
X Yes ___ No Date 7-11-77

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

15. Well grouted? X
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. Direction Type
Well disinfected upon completion? ~~Yes~~ 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
X Upland
___ 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, Ks 67530
Signed Authorized representative Date 10-11-77

Sec 8 T 24 R 18 E/W 1/4 1/4 1/4 1/4

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

Form WWC-5

MI-1023