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

WATER WELL RECORD KSA 82a-1201-1215

		1 1	\neg				
T	D	FW ·		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	Sec <u>tio</u> n numbe	r Town number Range number
1 Location of well: Ed Wards Kinsley WENE	9	24 19
Distance and direction fram nearest town or city: 33 K 6F	er of well: R 6.	bent Burcherda.
	lress:	Kinsley, Kansas
Locate with "X" in section below: N Sketch map:		4 Well depth:ff. Date of completionff. 7.5 Well diameterin.
		5 Cable tool Rotary Driven Dug
iii		6 Use: Domestic Public supply Industry
w E		Irrigation Air conditioning Commercial Test well
		7 Casing: Materia 7 P Height: above/below
<u> </u>		Threaded Welded Surface in. Diam. Weight 18s./ft.
→1 Mile→		ft. depth Drive shoe? Yes No
2 Type and color of material	Fram To	B Screen:
23 Top Soil	03	Manufactor 1 e s 5 % 20 We 1 / Type BMP Dia. 5 //
Sandy Blay	3 14	Slot/gauze Length Length Set between 1 ft. and 2 ft.
SoFT Yellow Clay (Trace of Water	H 24	Fittings: Gravel pack (Yes Na Size range of material —
IT. Beam Clay	26 46	
5-15-10	41 47	9 Static water level: ft. below land surface Date 10 Pumping level belaw land surfaces:
and store	11751	ft. after hrs. pumping g.p.m.
Clay with Gyp	7/06	Estimated maximum yield g.p.m.
Sand Slone	56 5/	11 Water sample submitted: Yes No Date
Dand + Clay	5768	12 Well head completion:
Gravel Clay, Brown Chipped	6874	☐ Pitless adapter ☐ Inches above grade 13 Well grouted? X Yes ☐ No
Rock (Water)		Neat cement Bentonite Depth: From ft. to
Heavy Ros Clay (Touch)	7476	14 November of continuous and contin
		ft. Direction Well disinfected upon completion? Yes No
		15 Pump: Not installed Manufacturer's name
	 	Model number HP Volts
	 	Length of drap pipe ft. capacity g.m.p. Type:
	+ + -	Submersible Turbine Seciprocating
(use a secand sheet if needed)	+	Certrifugal Other
16 Remarks: elevation DRilled this well an	P 0	17 Water well contractor's certification: This well was drilled under my jurisdiction and this
Topography:	aaras	report is true to the best of my knowledge and belief.
Slope for Carl Hay	pel	Business make Reensburg license No.
Upland Robert Brucher	,	Sign d Authorized representative Date 7 - 16
Forward the white, blue and pink copies to the Kansas State Dept. Of Health		Form WWC-5