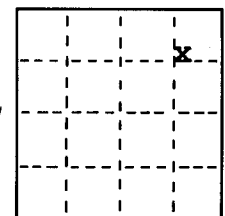


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T		R		EW		sec	1/4	1/4	1/4	No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Edwards	Township name Kinsley	Fraction NE$\frac{1}{4}$ of NE$\frac{1}{4}$	Section number 22	Town number T24S	Range number R19W		
Distance and direction from nearest town or city: 2 mi. Northeast of Kinsley, Kansas				3 Owner of well: Tom Fox (#3) Address: Kinsley, Kansas				
Locate with "X" in section below: <div style="text-align: center;">N  W E <div style="text-align: center;">S 1 Mile</div></div>				Sketch map:				
2 Type and color of material				From	To			
				Top soil		0	4	
				Sand & gravel		4	17	
				Brown clay		17	28	
(use a second sheet if needed)				4 Well depth: 28 ft. Date of completion 5-2-75 Well diameter 24 in.				
				5 <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary				
				6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____				
				7 Casing: Material Steel Height: <u>above</u> / <u>below</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. _____ Weight 17$\frac{1}{2}$ lbs./ft. _____ 12 in. to 8 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 12 in. to 28 ft. depth				
				8 Screen: Manufacturer Doerr Type Double-slot Dia. 12" Slot gauge 1/8 Length 12' Set between 8 ft. and 20 ft. _____ Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 3/8-200				
				9 Static water level: 4 ft. below land surface Date 5-2-75				
				10 Pumping level below land surfaces: N/C _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.				
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____				
				12 Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade				
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 10 ft.				
14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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				
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				17 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. Clarke Well & Eq., Inc. 185 Business name License No. _____ Address Great Bend, KS Signed D.W. Clarke Date 5-2-75 Authorized representative				

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5