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

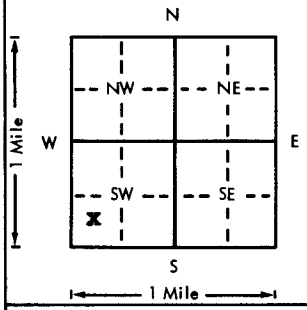
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Edwards	1/4 SW 1/4 SW 1/4	28	T 24 S	R 19 E (W)

2. Distance and direction from nearest town or city:
½ mile North of Kinsley, KS
Street address of well location if in city:

3. Owner of well: Clarence Michallis
R.R. or street: Route 1
City, state, zip code: Kinsley, KS 67547

4. Locate with "X" in section below:

Sketch map:



6. Bore hole dia. 9 in. Completion date 9-20-76
Well depth 29 ft.

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

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

9. Casing: Material Styrene Height: (Above) or below
Threaded ___ Welded X Surface 12 in.
RMP ___ PVC ___ Weight 1.5 lbs./ft.
Dia. 5 in. to 17 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 200#

5. Type and color of material	From	To
top soil	0	3
brown clay	3	12
sand & gravel & thin clay at 19	12	29
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Jess & Lowell
Type Styrene 200 Dia. 5"
Slot/gauze 1/8" Length 12'
Set between 17 ft. and 29 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 3/8-200

11. Static water level: mo./day/yr.
13 ft. below land surface Date 9-20-76

12. 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.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date ___

14. Well head completion:
__ Pitless adapter 12 Inches above grade

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

16. Nearest source of possible contamination: NONE KNOWN
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ___ Yes X No

17. Pump: XX 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
__ 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.
Clarke Well & Equip., Inc. 185
Business name License No.
Address Great Bend KS 67530
Signed D W Clarke Date 9-28-76
Authorized representative

24 19 (W) 28 SW SW
T R Sec 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