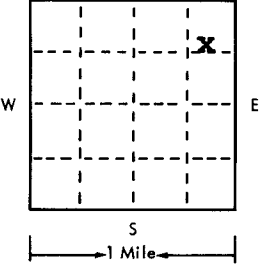


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>Edwards</b>	Township name <b>Kinsley</b>	Fraction <b>NE<math>\frac{1}{4}</math> of NE<math>\frac{1}{4}</math></b>	Section number <b>22</b>	Town number <b>T24S</b>	Range number <b>R19W</b>
Distance and direction from nearest town or city: <b>2 mi. Northeast of Kinsley, Kansas</b> Street address of well location if in city:				3 Owner of well: <b>Tom Fox (#4)</b> Address: <b>Kinsley, Kansas</b>		
Locate with "X" in section below: N  W E S 1 Mile				Sketch map:		
2				4 Well depth: <b>28</b> ft. Date of completion <b>5-2-75</b> Well diameter <b>24</b> in.		
Type and color of material				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		
Top soil				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"/>		
Sand & gravel				7 Casing: Material <b>Steel</b> Height: <b>above</b> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. Diam. <b>12</b> in. to <b>8</b> ft. depth Weight <b>17<math>\frac{1}{2}</math></b> lbs./ft. <b>12</b> in. to <b>28</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Brown clay				8 Screen: <b>Double-slot</b> Manufacturer <b>Doern</b> Dia. <b>12"</b> Type <b>Double-slot</b> Slot gauge <b>1/8</b> Length <b>12'</b> Set between <b>8</b> ft. and <b>20</b> ft. Fittings: <b>3/8-200</b> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material		
				9 Static water level: <b>4</b> ft. below land surface Date <b>5-2-75</b>		
				10 Pumping level below land surfaces: <b>N/C</b> ____ 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 <b>12</b> 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 <b>0</b> ft. to <b>10</b> 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		
(use a second sheet if needed)						
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. <b>Clarke Well &amp; Eq., Inc.</b> <b>185</b> Business name License No. Address <b>Great Bend, KS</b> Signed <b>J. W. Clarke</b> Date <b>5-2-75</b> Authorized representative		

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

Form WWC-5