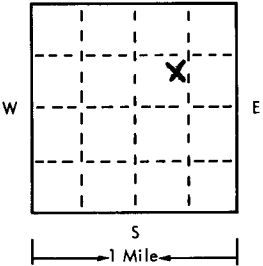
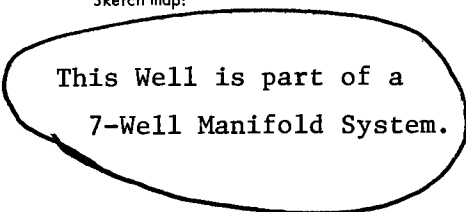


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 SW of NE 1/4 | Section number 22 | Town number T24S | Range number R19W | |
| Distance and direction from nearest town or city: 3 mi. Northeast of Kinsley, Kansas Street address of well location if in city: | | | | 3 Owner of well: Tom Fox (#7) Address: Kinsley, Kansas | | | |
| Locate with "X" in section below: N  W S 1 Mile | | Sketch map:  | | 4 Well depth: <u>28</u> ft. Date of completion <u>6-9-75</u> Well diameter <u>24</u> in. | | | |
| 2 Type and color of material | | From | | To | | 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 <u>Steel</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>12</u> in. to <u>8</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>12</u> in. to <u>28</u> ft. depth | |
| | | | | | | 8 Screen: Manufacturer <u>Doerr</u> Type <u>Double-slot</u> Dia. <u>12"</u> <u>slot</u> gauze <u>1/8</u> Length <u>12'</u> Set between <u>20</u> ft. and <u>20</u> ft. Fittings: <u>8"</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>3/8-200</u> | |
| | | | | | | 9 Static water level: <u>4</u> ft. below land surface Date <u>6-9-75</u> | |
| (use a second sheet if needed) | | | | | | 10 Pumping level below land surfaces: <u>N/C</u> ____ 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 <u>12</u> 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 <u>0</u> ft. to <u>10</u> ft. | |
| | | | | | | 14 Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | | 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 | |
| | | | | | | 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 <u>Great Bend, KS</u> Signed <u>[Signature]</u> 6-9-75 Authorized representative | |
| | | | | | | | |
| | | | | | | | |
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Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5