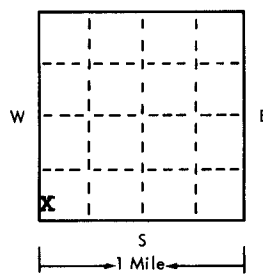


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

WATER WELL RECORD
KSA 82a-1201-1215

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

1 Location of well:	County Edwards	Township name	Fraction SW ¹/₄	Section number 28	Town number 24	Range number 20		
Distance and direction from nearest town or city: 5W-2N-1W of Kinsley, Ks. Street address of well location if in city:				3 Owner of well: Bill Laufenberg Address: Kinsley, Ks.				
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: 115 ft. Date of completion 10/10/75 Well diameter 10 in.		
2 Type and color of material			From	To	5 <input type="checkbox"/> Cable tool <input checked="" 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 type="checkbox"/> Reverse rotary			
			Top soil		0	3	6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well	
			Hard clay		3	22	7 Casing: Material pvc Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. Diag. 4 Weight 160 lbs./ft. 4 in. to 95 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No 95 in. to 95 ft. depth	
			Soft clay		22	60	8 Screen: Manufacturer R & B Type pvc Dia. 4 Slot/gauze 1/16 Length 20 Set between 95 ft. and 115 ft. Fittings: 3/8 = 3/4 1/2 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material cm-3	
			Sandy clay		60	78	9 Static water level: 38 ft. below land surface Date 10/10/75	
			Fire clay		78	90	10 Pumping level below land surfaces: 48 ft. after 1 hrs. pumping 20 g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.	
			White clay		90	98	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____	
			Fair sand rock		98	115	12 Well head completion: <input type="checkbox"/> Pitless adapter 18 Inches above grade	
			Blue shale		115		13 Well grouted? <input 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.	
			(use a second sheet if needed)			14 Nearest source of possible contamination: ft. 200 Direction NE Type septic Well disinfected upon completion? <input type="checkbox"/> Yes <input 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			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. Rosencrantz-Bemis 134 Business name License No. Address Great Bend, Ks. Signed Pauline Nelson Date 11/27/80 Authorized representative					

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

Form WWC-5