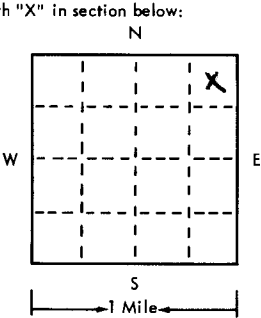


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 C N E N E	Section number 11	Town number 25	Range number 20																																		
Distance and direction from nearest town or city: Street address of well location if in city:				3 Owner of well: Address:																																				
Locote with "X" in section below: 				Sketch map:		4 Well depth: <u>115</u> ft. Date of completion <u>2-18-75</u> Well diameter <u>7</u> in.																																		
2 Type and color of material <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;"></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>TOP-SOIL-clay</td> <td>0</td> <td>80</td> </tr> <tr> <td>SAND ROCK</td> <td>80</td> <td>115</td> </tr> <tr> <td colspan="3">Well given to landowner</td> </tr> <tr> <td colspan="3">Elizabeth N. Greenawald</td> </tr> <tr> <td colspan="3">2332 Ribac Dr.</td> </tr> <tr> <td colspan="3">Springfield, Ohio</td> </tr> <tr> <td colspan="3">Tenant: Mr. Greenawald</td> </tr> <tr> <td colspan="3">Kinsley, Kansas</td> </tr> <tr> <td colspan="3">DWB 4/1/75</td> </tr> <tr> <td colspan="3">(use a second sheet if needed)</td> </tr> </tbody> </table>							From	To	TOP-SOIL-clay	0	80	SAND ROCK	80	115	Well given to landowner			Elizabeth N. Greenawald			2332 Ribac Dr.			Springfield, Ohio			Tenant: Mr. Greenawald			Kinsley, Kansas			DWB 4/1/75			(use a second sheet if needed)			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	
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(use a second sheet if needed)																																								
6 Use: <input 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 <input checked="" type="checkbox"/> Oil Rig																																								
7 Casing: Material <u>PVC</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. <u>4</u> in. to <u>115</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>4</u> in. to <u> </u> ft. depth																																								
8 Screen: Manufacturer <u>MPI</u> Type <u>sawed</u> Dia. <u>4</u> Slot/gauze <u>1/8"</u> Length <u>70</u> Set between <u>95</u> ft. and <u>115</u> ft. Fittings: <u>1 1/2" - 3/4"</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u> </u>																																								
9 Static water level: <u>40</u> ft. below land surface Date <u>2-18-75</u>																																								
10 Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>60</u> g.p.m.																																								
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>																																								
12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade <u>12</u>																																								
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> <u> </u> Depth: From <u> </u> ft. to <u>10</u> ft.																																								
14 Nearest source of possible contamination: ft. <u>60</u> Direction <u>W</u> Type <u>Oil Test</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																								
15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> g.p.m. 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. <u>Kelly Water Well Serv 186</u> Business name <u>R. J. Great Bend KS</u> License No. <u> </u> Address <u> </u> Signed <u>Kelly Duce</u> Date <u>2-24-75</u> Authorized representative																																								

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

Form WW-5