

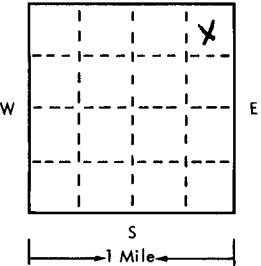
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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

R-6, Boyer #2 OAS C.H. Boyer.

1 Location of well:	County Edwards	Township name	Fraction N E N E	Section number 2	Town number 265	Range number 19 W
Distance and direction from nearest town or city: Street address of well location if in city: 85.E. KINSLEY KS				3 Owner of well: Gabbert-Jones, Inc. Address: 830 Sutton Pl. Wichita, Kan		
Locate with "X" in section below: N  S 1 Mile				Sketch map:		
2				4 Well depth: 100 ft. Date of completion 3-19-75 Well diameter 4 in.		
Type and color of material				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		
From To				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		
Top Soil - Clay				7 Casing: Material PVC Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. Weight 18-3/4 lbs./ft. 4 in. to 100 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4 in. to 100 ft. depth		
Sand				8 Screen: Manufacturer MPI Type PVC Dia. 4" Slot/gauze 1/16" Length 20' Set between 80 ft. and 100 ft. Fittings: 18-3/4" Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material		
Clay				9 Static water level: 25 ft. below land surface Date 3-19-75		
Sand - Gravel				10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 50 g.p.m.		
This water well given to:				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		
C.M. Boyer				12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 12 inches above grade		
Box 87				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"/> Depth: From ____ ft. to ____ ft.		
Kinsley, KANSAS by Gabbert-Jones				14 Nearest source of possible contamination: ft. 70 Direction SW Type Rst Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inca By com, written, May 1, 1975				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		
5/1/75 DWB				16 Remarks: elevation		
(use a second sheet if needed)				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. Kelly's Water Well Serv. 186 Business name License No. Address R 2 Great Bend KS Signed Kelly Price Date 3-20-75 Authorized representative		

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

Form WWC-5