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

## WATER WELL RECORD KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansos 66620

	County Fraction			Section number		Township number Range number	
1. Location of well:	Edwards	<sub>1/4</sub> c <sub>1/4</sub> ne	1/4	1 25		T 2 <b>5</b> s R 20 ¥2/w	
6s-2 w of Kinsley, Ks.  Street address of well location if in city:				rner of well: or street: state, zip code:		Midwest Land & Cattle Box 64 Kinsley, Ks. 67547	
4. Locate with "X" i		Sketch map:				6. Bore hole dia. 29 in. Completion date	
₩	E					8. Use:DomesticPublic supplyIndustryX	
S 1 <del>~</del> 1 M	ile <del></del>					RMPPVCWeightlbs./ft. Dia. 16n. to 59 _ft. depth Wall Thickness: inches or	
5. Type and color of	material			From	То	Diain. to ft. depth gage No	
Fine sand				0	15	Type steel Dia. 16	
Sand and gravel clean coarse loose				15	53	Slot/ga <b>%</b> e 3/16 Length 20 Set between 39 ft. and 59 ft.	
Brown clay				53	60	Gravel pack? X Size range of material 3/4-3/8	<del>-</del> 1
		***************************************		ļ		11. Static water level: mo./day/yr.	7 <b>5</b>
						12. Pumping level below land surfaces:  ft. after hrs. pumping 400 g.p.m ft. after hrs. pumping g.p.m.	
						Estimated maximum yield	
						14. Well head completion: Pitless adapter Inches above grade	
						15. Well grouted?	ا ما <sup>-</sup>
						16. Nearest source of possible contamination: ft. 1 milrection northype septic Well disinfected upon completion? hth YesNo	1
						17. Pump:  Manufacturer's name Faribanks-Morse  Model number 5-10ma HP 60 Volts —	ျှီဝ
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Length of drop pipe50 ft. capacity 600g.p.m.	<b>⊗</b> ™
	(Use a second st	neet if needed)	· · · ·			Submersible Turbine Reciprocating Centrifugal Other	, o
18. Elevation:	19. Remarks: 2232)					20. Water well contractor's certification: This well was drilled under my jurisdiction and this report	°
Topography: Hill Slope X Upland	26 20 1	NAX				Business normareat Bend, Ks. Lice 7530	ڏ  کار
Valley		2				Signed Authorized representative Date Date Date Date Date Date Date Dat	₹  <del>Z</del>