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

WATER WELL RECORD KSA 82a-1201-1215

لبن	<u> </u>	FW/		1/4	1/4	1/4	<u></u>
ı	ĸ	EW	sec	1/4	1/4	1/4	N

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

1 Location of well: County Edwards		Township name Fraction		Section number 5		Town number		Range number			
						ל		26	20	1	
Distance and direction from nearest town or city: 6 South East of Efferte Street address of well location if in city:				1	Owner of well:			John Froetschner Kinsley, Kansas			
Locate with "X" in s	section below:	Sketch map:					4 Wel	l depth: <u>70</u> ft. D I diameter <u>7</u> 7i/.8	ate of completion <u>1–2</u>	2-75	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						5 🔲	Cable tool 🗷 Rotary	Driven Dug Bored Reverse rotary		
w	X							Test well	nditioning Commercial		
						:	7 Cas Thr	ng: Material DVC H eaded Welded X S	eight: above below urface 12 in.		
<u> </u>	S Mile	W		ī	т		4_	m. _ in. to	rive shoe? Yes No	:	
2	Тур	e and color of material			From	То	B Scri	en:			
Top soil					0	3	Тур	nufacturer R & B			
Sand & g	ravel clear	o coarse lo	050		3	33		gauze1/16_ Lebetween _40_ ft. and .	60 ft		
Yellow brownclay					33	38		ings: 3/ vel pack 🏝 Yes 🗌 No :	4-3/8-1/16 Size range of material Cm	-3	
Sand & g	ravel clear	loose med	ium to	fine	38	55		ic water level: ft.below land surface	Date 1-22-75	I	
Sand & gravel little clay					55	59	10 Pum	ping level below land surf ft. after hrs.	aces:		
Light gray Clay					59 1	69		ft. after hrs. ft. after hrs. mated maximum yield	pumping g.p.m.		
Blue sha	le				69	70	11 Wat	er sample submitted:	1-23-75		
							12 We	l head completion:	Anches above grade	<u> </u>	
							13 Wel		□N₀		
							Dep	th: From Oft. to 1	<u>Oft</u>		
									orth Type Farm		
							15 Purr		tion? X Yes htn No		
								nufacturer's name del number H			
								gth of drop pipe fi			
							_	Submersible [Turbine		
	(use	a a second sheet if needed)				_	Jet Centrifugal	Reciprocating Other		
16 Remarks: elevat								er well contractor's certifi			
YESS								well was drilled under my ort is true to the best of my	•		
Topography:							B	oaancrantz-	Bemis 134		
Slope							Add	ress Great Be	md. Ks.	/i _75	
∏U plond □ Valley							Sig	Authorized represe	Date	כורק	

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

Form WWC-5