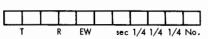
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.



WATER WELL RECORD KSA 82a-1201-1215



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

	County Township name		Fraction T				Town number	Range number		
1 Location of well:	PottAWATomi	e Wamego	NW	14		6		10	301	
Distance and directi	3 Owner of well:				Huppe					
Street address of well location if in city:					Address:			Wanego, Ko		
Locate with "X" in section below: Sketch map:								4 Well depth: 100 ft. Date of completion Well diameter 12 in. 5-2-75		
W								5		
	S Mile		- "			30'	4		Weight 2.33 lbs./ft Drive shoe? Yes You	
2 Type and color of material					From	То	8 Screen: Manufacture: Type Slot/genue: Set between 8 Screen: Purple Dia. Set between 6 ft. and 7 ft.			
TOP Soil					Q	5				
YELLOW CIAY					5	40				
BLUE CLAY					40	60	Gi	ttings: ravel pack Yes No atic water level:	Size range of materia	
Fine Sand					60	68		atic water level: ************************************		
Krok Shalo					68	100	10 Pu	imping level below land sur	faces: Air TesT	
Accept Street					VI			ft. after hrs.		
							Est	timated maximum yield 📥		
				.				ater sample submitted: Yes X No Date	· /	
						Yes No Date			Appel	
							Pitless adapter 74 Inches above grade			
							l 🔀	ell grouted? 📉 Yes Neat cement 🔲 Bentoni epth: From 🔑 ft. to	No te	
							ft	earest source of possible co	OTY Type JEDIIC	
							- W	ell disinfected upon comple	etion? Yes No	
								anufacturer's name	Not installed	
								odel number I		
							<u> </u>	ength of drop pipe f	_	
									Turbine Reciprocating	
	(use	a second sheet if needed)						Certrifugal	Other	
16 Remarks: elevat	ion :							ater well contractor's certif		
$\mathcal{U} \neq \emptyset$								is well was drilled under m port is true to the best of m		
Topography:							5	trader Drilli	ny Co.Ixc.	
∏ Hill ⊠ Slope							Bu A	ddress RL-75 N Ho	Iton KAKS	
Upland							l	gned Daledsk	Date 5-1-7	
☐ √alley							l	Authorized represe	entative	

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

Form WWC-5