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

WATER WELL RECORD KSA 82a-1201-1215

								17	· · · · k			
								į				
				\Box								
	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											

5W	111	1		Topeka, Kansas 66620
County Township name Fraction	ENE	Section	n number	Town number Range number R165
Distance and direction from nearest town or city: Street address of well location if in city:	3 Owne		Tip	ton, Steve
	Addi		B0.	x 31 Meridem, Ks. 4 Well depth: 63 ft. Date of completion 9/12/75
ocate with "X" in section below: Sketch map:				Well diameter 10 in.
				5 🗷 Cable tool 🗌 Rotary 🔲 Driven 🗋 Dug ☐ Hollow rod 🗍 Jetted 🔲 Bored 🗍 Reverse rotary
W				6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial
				7 Casing: Material DWC Height: above/below
<u> </u>				Threaded Welded Surface 24 in.
2 Type and color of material		From	To	in. to 43ft. depth Drive shoe? Yes No
				8 Screen: Manufacturer Medern Pipe
Top Soil with Sand		0	17	Type Dia Sinch Slot/gauze inch_ength_ 20 feet
Yellow Clay with Gravel		17	22	Set between 43 ft. and 63 ft.
Gray Shale with Samd		22	25	Gravel pack F Yes No Size range of material
Blue Shale		25	33	9 Static water level: 17 ft. below land surface Date 9/12/75
Lime Rock (white)		33_	38	10 Pumping level below land surfaces: ft. after hrs. pumping g.p.m.
Blue Lime		38	45	ft. after hrs. pumping g.p.m. Estimated maximum yield g.p.m.
Blue Shale		45	63	11 Water sample submitted: Yes No Date
				12 Well head completion: X Pitless adapter
				13 Well grouted? Yes No No Neat cement Bentonite
				Depth: From3_ft. to13_ft.
				14 Nearest source of possible contamination: ft. 20 Direction Septic Fank Well disinfected upon completion? Yes
	***************************************			15 Pump: Not installed
				Manufacturer's name Funds Model number 102536 1/3 Volts230 Length of drop pipe 60 ft. capacity 7 g.m.p.
				Type:
(use a second sheet if needed)	,			☐ Jet ☐ Reciprocating ☐ Certrifugal ☐ Other
16 Remarks: elevation Slab will be Installed	1 br			17 Water well contractor's certification: This well was drilled under my jurisdiction and this
16 Remarks: elevation Slab will be Installed Topography: Custemer	~ /			Report is true to the best of my knowledge and belief.
□HiII ¹⁷				Business ngme) Address: Address: Business ngme) Address: Business ngme)
☐ Upland ☐ Volume ☐ Upland				Address Signatural Lagrange Authorized representative
Valley Forward the white, blue and pink copies to the Kansas State Dept. Of Health.				Form WWC-5
RR = 0.40 $V = 94.5$				E .

BR = 940

V = 945