

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

WATER WELL RECORD KSA 82a-1201-1215

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Ţ	- 1	2	EW	sec	1/4	1/4	1/4	No.

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

										_	
	County	Township name	Fraction TR	nc T	Section	on number	9	Town number	Range number		
1 Location of well:	Leavenwonth	Alexandria	54-5E	14		X		105	21 E		
Distance and directi	on from nearest town or cit	_		3 Owner	of well	LAR	RY /	Anislip			
Street address of well location if in city: Address: Leave,							RY HAISTIP HOX 109 WORTH KANSAS				
Locate with "X" in section below: Sketch map:					4 Well depth: 100 ft. Date of co				Date of completion	本	
50'							5 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary				
w				6 Use: 🛣 Domestic Public supply Industry Irrigation Air conditioning Commercial Test well							
	5							ing: Material <i>PUC</i> eaded Welded W			
2	Mile Mile			т		T			Drive shoe? Yes 🗶 N	۰	
	Тур	e and color of material			From	То	8 Scr	een:		1	
Top Soil					0	4	Manufacturer <u>Pump Co</u> Type <u>P V C</u> Dia. <u>5 "</u> Slot/gene <u>1025</u> Length Set between <u>15</u> ft. and <u>25</u> ft				
Jellow Clay SAND + GRAVEL					4	16					
-	5 And +	GRAVEL			16	19	Gro		Size range of material	3	
Blue Rock + Shale					19	100		tic water level: <i>No T</i> ft. below land surfac			
									rfaces: Air Test		
									pumping g.p.m.		
	·						11 Wa	ter sample submitted:		1	
							12 We	Il head completion: C	Apped	1	
		· · · · · · · · · · · · · · · · · · ·						Pitless adapter 24	Inches above grade No	١.	
								Neat cement Benton		_	
							ft.	arest source of possible or	1857 Type 21/A		
			**,.*				15 Pun		Not installed	1	
	· · · · · · · · · · · · · · · · · · ·						Мо	del number	HP Volts ft. capacity g.m.p	-	
<u> </u>		·				1	Тур		☐ Turbine		
	(use	a second sheet if needed)				1 🗖	Jet Certrifugal	Reciprocating Other		
16 Remarks: elevation							17 Water well contractor's certification:				
910							This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.				
Тородгарну:							STRI	ader Drillin	9 Go Inc 182	<u>_</u>	
Hill Slope							Busi	iness name dress RT 1 Hp17	on Kans 66436	5	
Upland Valley							1	ned Nele Rab Authorized repres	Date 6-9-	25	

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

Form WWC~5