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

WATER WELL RECORD KSA 82a-1201-1215

		<u> </u>		<u></u>
T	R	EW	sec 1/4 1/4	1/4 No.

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

									ropeka, Kalisas ocozo
	County	Township name	Fraction		Section	on number		Town number	Range number
1 Location of well: Clary		NW NW NEVA, SWY		2/W	Y4 5			7105	RAE
	on from nearest town or cit			3 Owner	of well	ı: C	نهري	of Wakel	teld
Street address of well location if in city: 150' W. of Cedar St. Address: Walkefield, Kansac 62 AB7									
Locate with "X" in s	section below: N	Sketch map:						l depth: 445 ft.	Date of completion 6-5-75
							5 🔲	Cable tool 🔲 Rotary	
w	E						6 Use		lic supply Industry conditioning Commercial
¹ 									Height: above
2	→1 Mile→			I		Ι	73		Drive shoe? Yes No
2	Тур	e and calor af material			From	То	8 Scr	een:	
3 got	1/0				0	_	Тур	nufacturer Layer	Dia. \2.
Brown Clay & Silt					\	מר		t/gauze 105 between 417 ft. an	
Fine to medium sand					סמ	75	Fitt	ings:	o Size range of material
Medium	to excesse	sand a q	Jarrel.	,	75	95/2		ic water level: ft. below land surfa	ce Date <u>2-5-</u> 75
	~ / ~ »	•	`				10 Pum	ping level below land s	urfaces:
Blue 8	بالمالة			4	1545	96%		ft. after hr	rs. pumping <u>\$10</u> g.p.m.
•	_							mated maximum yield ter sample submitted:	g.p.m.
			2				12 Wel		Start Plate
								Pitless adapter 30	Inches above grade
							X	I grouted? X Yes Neat cement □ Bento th: From 1 ft. to	
							ft.	prest source of possible of	S Type Live
	*******		· · · · · · · · · · · · · · · · · · ·				15 Pum		☐ Not_installed
							Mo	del number 18801	HP 25 Volts 230 ft. capacity 300 g.m.p.
							Тур		ft. capacity g.m.p.
	lina	a second sheet if needed)						Jet Certrifugal	Reciprocating Other
(use a second sneer ir needed) 16 Remorks: elevation						L		er well contractor's cert	
								well was drilled under	· ·
Topography:							معال العالم	or is true to the best of	my knowledge and belief.
☐ Hill ⊠ Slope								ness name dress ON	License No.
Upland Valley							Sign	//////	Date 6/10/

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

Form WWC-5