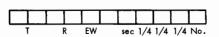
USE TYPEWRITER OR B	ALL
POINT PEN-PRESS FIR	MLY,
POINT PEN-PRESS FIR	

## WATER WELL RECORD KSA 82a-1201-1215



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

- 1987 1987 J. (特別表)、1974			
County Township name Fraction	1	on number	
ROTLAWSTORNE Blue NE'4 NE'4		\$	y Stephenson
		1: / ^	J DIEPHENSUN
Street address of well location if in bity:  Maning T Tanv 155  Add	ress:	7/	57, 620, 15, 4 Well depth: 50 ft. Date of completion/2-
Locate with "X" in section below: Sketch map:			4 Well depth: 50 ff. Date of completion/23
Septic			5 Cable tool Rotary Driven Dug
TANK			6 Use: 🔀 Domestic Public supply Industry
W EX House			Irrigation Air conditioning Commercia
DRAinage			7 Casing: Material PEC Height: above/below
<u> </u>			Threaded Welded Surface in.  Diam. Weight 233 lbs./ft
1 Mile		т	in. to 3 Cit. depth Drive shoe? Yes XN
2 Type and color of material	From	То	in. toft. depth!
Top Soil	0	5	Manufacturer Famp Co  Type Full Dia
Ada Calair	5	20	Slot/game - 080 Length _ 5
Fig. S.	20	30	Fittings:
pi m			Gravel pack Yes No Size range of material YX  9 Static water level:
olye My	30	40	75 ft. below land surface Date 23-25
Fine Sand - GRAvel	90	50	10 Pumping level below land surfaces: Tie Tes T  ——— ft. after ——— hrs. pumping —— g.p.m.
			ft. after hrs. pumping g.p.m.  Estimated maximum yield g.p.m.
			11 Water sample submitted:  Yes Mo Date
			12 Well head completion: CA PP 2 ()    Pitless adapter   Inches above grade
			13 Well grouted? 🔀 Yes No
		<del> </del>	Depth: From _O_ ft. to _ZO_ ft.
		<del>                                     </del>	14 Nearest source of possible contamination:  14 Nearest source of possible contamination:  15 Tinh
		_	
		_	Manufacturer's name HP Volts
			Length of drop pipe ft. capacity g.m.p.
			Type: Submersible Turbine
(use a second sheet if needed)			☐ Jet ☐ Reciprocating ☐ Certrifugal ☐ Other
16 Remarks: elevation Owner To install well 5/46			17 Water well contractor's certification:
1010			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Topography:			Business name  License No.
☐ Slope ☐ Upland			Address AT Holton KS Signed Date Control Date 2-4-
☑ Uplana  ☑ Valley			Authorized representative

J.