10

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 Topeko, Kansas 66620

		SWINSW				Topeko, Kansas 66620	
1 Location of well: County Riley	Township name	Fraction		ection numb	er Town number	Range number	
	Andale	N.W	4	17	10	9 E	
Distance and direction from nearest town or	city: 12 N. W	·/.	3 Owner of	well:	HATTE C.H. (N	(KOXI)	
	Zeandale.	K5.	Address:	RFD	5 ManhaT	Tan Ks.	
Locate with "X" in section below:	Sketch map:		•	<del></del>	4 Well depth: 55 fi	. Date of completion	
N					Well diameter in 5 ☐ Cable tool ☒ Rotary		
1 1 1					1 = = :	Bored Reverse rotary	
w!!					6 Use: Domestic Pu		
W	•	,			☐ Irrigation ☐ Ai	r conditioning Commercial	
  \forall !		300			7 Casing: Material		
S .		3			Threaded Welded Diam.	Weight 2132 lbs./ft	
→1 Mile→		N			in. to 55 ft. depi in. to ft. depi	h Drive shoe? Yes	
2	Type and color of material		Fro	m To	8 Screen:		
Top	SOIL			9 10	Manufacturer	ni 5"	
			10	15	Slot/g 0,02	Length 7	
	w Clay				Set between 48 ft. o	W.S	
- SAND	y Clay		15	30	Gravel pack Yes 9 Static water level: No	No Size range of material	
Fine	Sand		3	0 45	9 Static water level: 100		
gra	veL		4	55	10 Pumping level below land		
J					ft. after	hrs. pumping g.p.m.	
					Estimated maximum yield	/60 g.p.m.	
					11 Water sample submitted:  Yes No (	Date	
						CAPPed	
					Pitless adapter 2	No	
					☐ Neat cement ☐ Beni	onite	
					Depth: From ft. to  14 Nearest source of possible		
		****			ft. 150 Direction Well disinfected upon cor	<u>Jest                                    </u>	
				_	15 Pump:	npletion? 🔀 Yes 🔲 No	
- Control of the Cont					Manufacturer's name		
					Model number Length of drop pipe	_ ft. capocity g.m.p.	
					Type:	Turbine	
					Jet	Reciprocating	
16 Remarks; elevation	(use a second sheet if need	ed)		<u> </u>	Certrifugal  17 Water well contractor's ce	Other Stification:	
о кетагку: втечатоп					This well was drilled unde	r my jurisdiction and this	
Topography:					report is true to the best of	f my knowledge and belief.  11 naCo Inc. 180	
□н <del>і</del> ї					Business name Address	License No.	
Slope Upland					Signed Authorized rep	Date 4-4-75	
<b>⊠</b> Valley					Aumorized rep	esement se	

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

Form WWC-5