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

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		ТΤ		
T	R	EW	sec 1/4	1/4 1/4 No

WATER WELL RECORD KSA 82a-1201-1215

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

	Wabauna	مسا			61) by	Forbes-Bidg. 740 Topeka, Kansas 66620
Location of well:	County	Township name	Fraction SESE	NW		on number	Town number Range number
Distance and direction from nearest town or city: Street address of well location if in city:		3 Owner of well: Myron Hurla Address: R.R. 1 Paxico					
cate with "X" in s	ection below: N I I I I I	Sketch map:					4 Well depth:
w	E				-		6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial Test well 7 Casing: Material Threaded Welded Surface 24 in. Diam. 156 Inc. 100 Industry Weight 13 Ibs./ft.— in. to ft. depth Drive shee? Yes
	Тур	e and color of material			From	То	min. toft. depth: 8 Screen: Manufacturer steel pipe
Tops	soil				0	2	Type steel Dia. 6 5/8 Sloj gauze hole Length 7ft
Brow	m clay, fir	ne clay			2	15	Set between
Grav	rel and sand	1		-	15	29	Gravel pack Yes 🗌 No Size range of material 🌲
Gray	shal				29	35	9 Static water level: 1 ft. below land surface Date 10/2/75
					_		10 Pumping level below land surfaces: 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 No Date 12 Well head completion:
							Pitless adapter
			· · · · · · · · · · · · · · · · · · ·				14 Near & Gource of possible contamination: ft Direction Fast Type Stre
							Well disinfected upon completjon? Yes No 15 Pump: Not installed Manufacturer's name
							Model number HP Volts Length of drop pipe ft. capacity g.m.p. Type:
	(use	a second sheet if needed					Submersible Turbine Det Reciprocating Certrifugal Other
Remarks: elevati	Concre by cos	ete slab to stomer at s ows this is	urface	of gr	cour	n d .	17 Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Business name License No. Address Signature Authorized representative

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

BR = 966

Form WWC-5