USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY. $\forall \delta_{\delta}$



EW

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

R

County Township name Section number Town number	Range number R 19E	
Distance and direction from nearest town or city: SHAWNEE SI Very Lake ST VETY 1/5	SUN	
Distance and direction from nearest town or city: 3 Owner of well: EVERRET WAT	50N	
	Distance and direction from nearest town or city: 3 Owner of well: EVERRET WATSON	
Street address of well location if in city: Address: RFD Silver	LAKE, KANS	
Locate with "X" in section below: Sketch map: N Well depth: _52 Well diameter _8	ft. Date of completion in.	
	ptary Driven Dug	
	tted Bored Reverse rotary	
	Public supply Industry Air conditioning Commercial	
Test well		
1 1 1 X - 2 00' Threaded Weld	Height: above/below	
S Diam. 5.2ft	Weight 2.33 lbs./ft . depth Drive shoe? ☐ Yes ☑ No	
Type and color of material From Toin. toft.	depth!	
8 Screen: Manufacturer	umCo	
TOP SOIL 0 5 Type Puc	Dia. 5"	
YE WOW CIAY Set between 42	ft. and <u>52</u> ft	
Course SAND 30 35 Fittings: Gravel pack & Yes	No Size range of material XX	
SAND - 9 Static water level:	nd surface Date 1-31-75	
	land surfaces: AIR TesT	
52 53 — ft. after —	hrs. pumping g.p.m.	
Estimated maximum y 11 Water sample submitt	rield g.p.m.	
☐ Yes 🔀 No	Date	
12 Well head completion Pitless adapter	24 Inches above grade	
13 Well grouted? 🔀 Y		
Depth: From	ft. to 10 ft.	
14 Nearest source of po	ssible contamination:	
Well disinfected upo	n completion? Yes No	
15 Pump: Manufacturer's name	JACUZUI	
Model number 75. Length of drop pipe	4 D HP 34 Volts 220	
Туре:		
Submersible ☐ Jet	☐ Turbine☐ Reciprocating	
(use a second sheet if needed) Certrifugal	Other	
16 Bemarks: elevation 17 Water well contractor This well was drilled	under my jurisdiction and this	
1 - 1 min - 1/11) - 1/11 - 1/11	best of my knowledge and belief. Orilling Co. Inc. 182	
Business name	License No.	
Upland Signed Oak	Date 2-6-75 d representative	

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

BR = 848

₹ = 870

Form WWC-5