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

WATER WE CORD

Kansas State Dept. Of Health
(Water Well Contractors)

Forbes-Bldg. 740

Topeka, Kansas 66620

			30 30	792			
1 Location of well:	Shawnee	Township name	Fraction SEV	HAR.	Section	n number 34	Town number Range number RILE.
Distance and direction	on from nearest town or ci	y:		3 Owne	r of well	Mal	lson, Theodoze
Street address of wel	I location if in city:			Addr		3418	B. E. 2nd ka. Ks.
Locate with "X" in s	ection below:	Sketch map:					4 Well depth: 35 ft. Date of completion 47/7 Well diameter 10 in.
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						5 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary
w	X -# E						6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial Test well
S Mile							7 Casing: Material   Height: above below Threaded Welded MiSurface in. Diam Weight 2 lbs./ft in. to ft. depth   Drive shoe? Yes No
2	Тур	e and color of material			From	То	in. toft. depth
Top Soil					0	8	Manufacturer S & G/1/Ctal  Type Stee Dia. 10-5/8
Yellow Clay					8	18	Slot/gauze 4 hole Length, Set between 35 ft. and 28 st.
Yel	low Clay ar	d Sand			18	28	Fittings: Gravel pack Yes No Size range of material —
Yellow Chay with coarse gravel					28	32	9 Static water level:
Blu	e Shale				32	35	10 Pumping level below land surfaces:  12 ft. after 1 hrs. pumping 2 g.p.m.  13 ft. after 1 hrs. pumping 2 g.p.m.
							Estimated maximum yield g.p.m.  11 Water sample submitted:
					-		Yes   No Date
					-		13 Well grouted? Yes No Neat cement Bentonite Depth: From ft. to ft.
	······						14 Nearest source of possible contamination:  ft
							15 Pump:  Manufacturer's name 2011 http://installed  Model number 7 F. H. HP 2 Volts 230
-							Length of drop pipe 26 ft. capacity 4 g.m.p.  Type:  Type:  Turbine
	1116	a second sheet if needed)					Jet   Reciprocating   Other
16 Remarks: elevati							17 Water well contractor's certification:
Slab to be installed by customer    Slope						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 Signed Authorized representative	

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

BR = 858

₹ = 878

Form WWC-5