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

S WATER WELL RECORD KSA 82a-1201-1215 ADC

									1 1
							_		
7	ſ	I	₹	EW	sec	1/4	1/4	1/4	No.

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

	County	Township name	Fraction		Section	on number		Town number	Range number	
l Location of well:	Leavenwort	SHERMAN	NEL	- JIE	4 -	25		11-5	21-8	
Distance and direct	tion from nearest town or cit	y:		3 Owne	er of well	Je	z,r	ry La	rson	
Street address of we	ell location if in city:			Addı	ress:	Rai	te3	7.		
Locate with "X" in section below: Sketch map:						7079	ANOXIC, KS 4 Well depth: 55 ft. Date of completion 8-22-			
_	N							II diameter in.		
							=	Cable tool Rotary Hollow rod Jetted	Bored Reverse rotary	
							6 Use	Domestic Public	supply Industry	
w								☐ Irrigation ☐ Air co ☐ Test well ☐	anditioning Commercial	
							7 Ca	ing: Material PVC	leight: above/below	
							Threaded Welded Surface Ibs./ft			
	1 Mile							in. to 60 ft. depth D	Prive shoe? Yes XNo	
2	Тур	e and color of material			From	То	8 Scr	in. to ft. depth!		1
511	+				α	2	Mo	inufacturer //Nule	Flex	
01.	/				5	26	(Sic	gauze	ength = loll	
C/α		, ,			3	20		between 29 ft. and .		
51/7	t' (SOT	+)			20	38	Gr	avel pack Yes 🗌 No	Size range of material 32	
Liz	ne				38	39	9 Sta	tic water level:	Date 8-22-7	1.5
Sho	i le				39	55		mping level below land sur		
5//4					7/			ft. after hrs. ft. after hrs.		
								imated maximum yield —		
								iter sample submitted: Yes X No Date		
							-	Il head completion:		1
							_		Inches above grade No	┨
								Neat cement Bentoni	te	
					<u> </u>			pth: From 3 ft. to		
		·-					14 Ne	parest source of possible co	Type Spec	1
							15 Pu	ell disinfected upon comple	Not installed	
							Mo	anufacturer's name	ingy !	
							l	ngth of drop pipe	t. capacity Og.m.p.	1 ° °
							Ту	pe:	_	J.
					-				Turbine Reciprocating	1
	· · ·	e a second sheet if needed)			<u> </u>			Certrifugal [Other	1
16 Remarks: eleva	ation Marie							ater well contractor's certif is well was drilled under m		
Topography:							rep	ort is true to the best of m	knowledge and belief.	
□ніп								siness name	155 Liegnse No.	40
Slope Upland								Idress January	Date 8-2	8-
Valley								// // pri/syl represe	n ĭahi √e] /
Forward the white. b	blue and pink copies to the	Kansas State Dept. Of Hea	alth.					//	Form WWC-	5 🖋 🗀

BR Illu-767

Z = 793

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