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

عنفكره	d				
not		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 Topeka, Kansas 66620

1 Location of well: WYALL DOTAE DELEWARE 5W		on number	Town number Range number	
サファ SystemT	ress:		RP OF ENGINEERS	
Locate with "X" in section below:  N  Sketch map:		4 Well depth: 107 ft. Date of completion 1/14/7 Well diameter 30 in.		
WARE HOUSE  WARE HOUSE  A  A  A  A  A  A  A  A  A  A  A  A  A			5	
2 Type and color of material	From	То	s Screen:	
SILT WITH CINDERS & BRILLS	D	6	Manufacturer FIBERIALS RESOLUTION  Type SLOTTED Dia.  Slat/gauze VIL Length 53	
FINE SAW WITH BRICKS BROWN	6	B	Set between <u>49</u> ft. and <u>26</u> ft	
FILE SANDY CLAY GRAY	23	35	Fittings: Gravel pack Pes No Size range of material	
FINE TO MADIUM GRAT	35	64	9 Static water level: 28 ft. below land surface Date 8/21/75	
MEDIUM TO COARSE SAND GRAT	64	102	10 Pumping level below and surfaces:  22 ft. after hrs. pumping 180g.p.m.  ft. after hrs. pumping g.p.m.  Estimated maximum yield g.p.m.	
	-		11 Water sample submitted:	
	-		12 Well head completion: HO    Pitless adapter   Inches above grade	
			13 Well grouted?	
			14 Nearest source of possible contamination: ft Direction Type	
	ļ		Well disinfected upon completion? Yes No  15 Pump: HONE Not installed	
			Manufacturer's name Not installed  Model number HP Volts	
			Length of drop pipe ft. capacity g.m.p.	
			Type:  Submersible  Reciprocating	
(use a second sheet if needed)			Certrifugal Other	
Topography:  Hill Slope Upland Volley			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.  Business name  Address  Signed  Authorized representative	

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

Form WWC-5