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

ABA
WATER WELL RECORD
KSA 820-1201-1215
NE NW VE

(	cha	8	0	(	8	d.	
R	EW		sec	1/4	1/4	1/4	No∙

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

11 6 11	County	Township name	Fraction		Section	on number	$\alpha$	Town number	Range number	
1 Location of well:	WABAUNSEE	Alma	5/2	Suy.		#	1	12	10E	
Distance and direction from nearest town or city: 1 2 N.W. Alm A 3 Owner of well: John Carey										
Street oddress of well locotion if in city:  Address: Alma KANSAS										
Locate with "X" in s	section below:	Sketch map:		Ğ,				li depth: <u>160</u> ft. Il diameter <u>\$</u> in.	Date of completion	
	! ! X!	1		M	<u>-                                    </u>			Cable tool X Rotary		
				×	<u>5 0</u>				Bored Reverse rotary	
w      E							6 Use: ☑ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial			
							7.6	Test well		
<b> </b>			•			7 Casing: Material ( Height: above/below Threaded Welded is Surface ( Height: above/below)				
<u> </u>	S Mile						Dig S		Weight 2: 33 lbs./ft Drive shoe? Yes 400	
2	Туре	e and color of material			From	То	8 Scr	_ in. to ft. depth		
	Too	Sair			0	7	Ma	nufacturer Tun	spco.	
	100				<u>0</u> _	2		1/gauss1		
	78/	10w C/m			ير	2/	Fitt	between <b>22</b> ft. and tings:	#2	
		ow Sha	ho		2/	39	Gro	ivel pack X Yes No tic water level No T	Size range of material	
	Whi	Te Limes !	One		<u> 39</u>	45		tic water level <b>#70</b> / ft. below land surfac		
Grey Shake					45	69			rfaces: HiR TesT	
	GREY	Shalog Li	neston	e	69	78	_		. pumping g.p.m.	
	Blow	aigh time	stone		78	86		ter sample submitted:		
	GRE	5hake			46	108	12 Wel	Il head completion: C	A P P ed ☐ Inches above grade	
	white	Le himes ?	one		108	117		I grouted? X Yes	☐ No	
	Blue	· Shal	<u>e</u>	/	117	139		Neat cement 🔲 Benton th: From 🗢 ft. to		
	White	Kines	Tone		139	145	14 Ne	grest source of possible or		
	Blun	- Shale	<u>.</u>	/	45	160	We	II disinfected upon compl	etion? X Yes No	
								nufacturer's name	Not installed	
					-			del number gth of drop pipe	HP Volts ft. capacity g.m.p.	
							Тур	e:	☐ Turbine	
		11						Jet	Reciprocating	
16 Remarks: elevati	· · · · · · · · · · · · · · · · · · ·	a second sheet if needed)				1		Certrifugal ter well contractor's certi	Other fication:	
1212								well was drilled under mort is true to the best of m	• •	
Topography:							St	rader Dril	ling Co. Fxc. #182	
Hill ?							Add	liess //	License No.	
Upland <sup>9</sup>     Valley							Sig	Authorized representation	Date 3 - 7-23	

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

BRZ 1191

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Form WWC-5