See follow I sent for location to him now 5 USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY. WATER WELL RECORD Kansas State Dept. Of Health KSA 82a-1201-1215 (Water Well Contractors) Forbes-Bldg. 740 Topeka, Kansas 66620 Township name County Fraction 1 Location of well: HUMBOLOR Distance and direction from nearest town or city: / D. MIL. 2 5 3 Owner of well: South east Junction 809W 10 Address: Street address of well location if in city: ft. Date of completion S Locate with "X" in section below: 4 Well depth: Well diameter 5 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary 6 Use: Domestic Public supply Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial Test well 7 Casing: Material AMP Height: above below Threaded Welded Surface in. S Weight 4 1bs./ft.. in. to ft. depth Drive shoe? Yes No -1 Mile-Type and color of material From To 8 Screen: HOV Manufacturer Ô Slot/gauze \_\_OH\_O Set between 2 10 ft. and 46 Fittings: Gravel pack Yes No Size range of material \$ 9 Static water level; ft. below land surface Date Balantes 10 Pumping level below land surfaces: ft. after \_\_\_\_ hrs. pumping \_\_\_\_ g.p.m. hrs. pumping \_ ld \_\_\_\_ g.p. \_\_\_ ft. after \_\_\_ Estimated maximum yield -\_ g.p.m. 11 Water sample submitted: No Yes Inches above grade 12 Well head completion: Pitless adapter 13 Well grouted? X Yes ☐ No Neat cement Bentonite Depth: From 5 ft. to 6. ft. 14 Nearest source of possible contamination: ft. Direction \_\_ Type \_ Well disinfected upon completion? Yes Not installed 15 Pump: Manufacturer's name \_\_\_ Model number ..... \_\_ HP \_\_\_\_ \_\_\_ Volts \_ Length of drop pipe \_\_\_\_ ft. capacity \_\_\_\_ g.m.p. Type: Submersible Turbine \_\_\_ Jet Reciprocating Centrifugal Other (use a second sheet if needed) 16 Remarks: elevation 17 Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Strades Dulling & Li Topography: Business name Hill License No. Slope Signed Hawled Strader Date Se Upland Authorized representative ☐ Valley