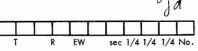
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.





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

WATER WELL RECORD KSA 82a-1201-1215

BCC

	BCC BCC					Topeka, Kansas 00020				
1 Location of well:	County Shawnee	Township name	Fraction 5W49W	Section	n number		Town number T 135	Range number	5	
						chl.	r, Walla	ce T.		
Street address of wel	Address: 64	Address: 6420 S.E. Cal			t. Berryto					
Locate with "X" in section below: Sketch map:						4 Well depth: 27-1/2. Date of completion 4/22/75 Well diameter in.				
						5 🗍 C	Cable tool Rotary	y Driven 🗶 Dug d Bored Rever		
w X	E						Irrigation	Public supply Ind Air conditioning Con Conditioning Source Conditionin	mmercial	
	S S					Thre Dian	welded - Welded - 5/8	Surface 14 in.	./ft	
2	-	e and color of material		From	То		_ in. to ft. de			
					- 10	8 Scre Man	nufacturer <u>Val</u>	ley Steel		
Hand Dug Well				27	-1/2	Type Holes Dia. 1/4 Slot/gauze Length 7-1/2 Set between 17-1/1/2 and 27 ft.				
Steel F	Pipe			28-	1/2	Fitti	ings:		21.	
Performations on the bottom 7-1/2 Ft.						Gravel pack Yes No Size range of materia				
Gravel pack up to 12 of the top						9 Stati	9 Static water level: 10 ft. below land surface Date4/22/75			
2 ft. (of clay sea	l directly	of gray	zel pack		10 Pump	ping level below lar Oft. after 15	nd surfaces: _ hrs. pumping	g.p.m.	
3 ft. deep of neat cement						ft. afterhrs. pumping g.p.m. Estimated maximum yield g.p.m.				
Then dirt to natural grownd level						11 Water sample submitted:				
Instal]	led Steel w	ell seal				12 Well	/es No I head completion:	Date		
							Pitless adapter I grouted? X Yes	☐ Inches above gr	ade	
						⊠	Neat cement Beth: From 4 ft.	entonite 🔲		
		-/44					nest source of possib		Septic	
						15 Pump	l disinfected upon c p:	Not installed	∐No	
			····			Mod	del number 7EH	Gould HP 1/3 Vol	<u>. 23</u> 0	
						Туре	,	_	g.m.p.	
						1 🖺	Submersible Jet	☐ Turbine ☐ Reciprocating		
16 Remarks: elevati	on.	a second sheet if needed			1		Certrifugal er well contractor's	Other		
Cuatomer will install slab Topography:						This well was drilled under my jurisdiction and this peport is true to the best of my knowledge and belief. Business name License No.				
Slope Upland X Valley						Add Sign		Date Presentative	F/2 75	

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

Form WWC-5