seit 3-5-26

Т		R	EW	sec	1/4	1/4	1/4	No.

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

WATER WELL RECORD KSA 82a-1201-1215 Kansas State Dept. Of Health (Water Well Contractors) Forbes–Bldg. 740 Topeka, Konsos 66620

	County	Township name	Fraction	Section number			Town number	Range number		
1 Location of well:	Dickinson	Grant			Section number					
			SENE		L	/9		T13S	R ZE	
	II longtion if in city,	y: Ol Westwood Dr Oilene, Kansas		3 Owner Addre		10	Ol We	Lacey stwood Drive e, Kansas		
Locate with "X" in		Sketch mop:					4 Wel	I depth: ft. Do	te of completion $9/2/7$	
	١. ١. ١. ١						5 🔲	Cable tool Rotory	Driven Dug Bored Reverse rotary	
w	E	e X	0					Test well	nditioning Commercial	
	S .	`					Thre	ing: MaterialRMP He eaded Welded ASu m. 5" W Lin. to 67ft. depth!Dr	rface 18 in.	
2	T	From	То		Lin. to _67 ft. depth Dr _ in. to ft. depth	rive shoe? Yes XNo				
		e and color of material					8 Scre Mai	<sub>nufacturer</sub> Western	plastics	
Sand					0	15	Typ Slo	e <u>RMP</u> Di t/gauze <u>3/32</u> Le	ngth	
Rocl	K				15	35	Set	between 50 ft. and tings:	6 to 3/8	
Red	clay				35	38	Gro	ivel pack 🔀 Yes 🗌 No S	ize range of material —	
Rocl	k				38	67	9 Stat 30	tic water level:  tt. below land surface	Date 9/2/75	
								nping level below land surfa ft. after hrs.	<b>.</b>	
							Esti	ft. ofter hrs. mated maximum yield	pumping g.p.m.	
							I	ter sample submitted: Yes XNo Date		
4.004							١	II head completion: Pitless adapter LE	Inches above grade	
							X	Il grouted? ∏ Yes I Neat cement ☐ Bentonit oth: From ft. to	□ No e □ <i>LO</i> _ ff.	
							f+	arest source of passible con  Direction  Il disinfected upon complet	N Type Take	
							15 Pum		Not installed	
							Мо	del number H  igth of drop pipe ft		
							Тур	e:	Turbine	
	(use	e a second sheet if needed)						Jet Certrifugal	Reciprocating Other	
16 Remarks: elevation								ter well contractor's certifi s well was drilled under my		
Topography:							rep	ort is true to the best of my	knawledge and belief.	
□ніп							Rader Drilling Col 194  Business name  Address Carlton, Kans., 67429			
Slope Upland							ı	ned Authorized represer	Partie Date 9-24-1	
<b>▼</b> Valley								Authorized represer	nun ve	

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

Form WWC-5