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

WATER WELL RECORD KSA 82a-1201-1215

$\neg \neg$

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

	County	Township name	Fraction		Section number			Town number	Range number		
1 Location of well:	DICKINSON		SE14		スス			/3	2 E		
Distance and direction from nearest town or city:						rofwell: Case Farm					
Street address of well location if in city: 1E, Abilene Add					A bilene, Kans 4 Well depth: 48 ft. Date of completion 1-2						
Locate with "X" in section below: N.							ate of completion $\sqrt{-2}$	2.73			
1 1 1							Well diameter → in. 5 ☐ Cable tool 【 Rotary ☐ Driven ☐ Dug				
						☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary					
w						6 Use: ☐ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial					
							Test well				
						7 Casing: Material Height: above/below Threaded Welded Surface in.					
S							Diam. Weight lbs./ft in. to ft. depth Drive shoe? ☐ Yes ☐ No				
2 Type and color of material					From	То		in. toft. depth			
	.,,,	a i i					_	een:			
		Clay			0	3≥	Тур	De D			
Sand-Gravel					32	37		ot/gauze Le between ft. and _			
	C	/dv			37	40	1	tings: avel pack 🗌 Yes 🔲 No S	iize range of materiol —		
SdNd- Frauel					40	45		tic water level:ft, below land surface	Date		
	5	hale			45	48	10 Pun	nping level below land surf	aces:		
	•							ft. after hrs. ft. after hrs.			
								imated maximum yield	g.p.m.		
								iter sample submitted: Yes 💢 No Date			
							1 —	II head completion:	Inches above grade		
							13 We	Il grouted? XYes	□ No		
							Dep	Neat cement Bentonit	e [] (LUX-1/2/G.S. 		
							14 Ne	earest source of possible con	ntamination:		
								Direction ell disinfected upon comple			
							15 Pun	mp: nufacturer's name	Not installed		
							Mo	odel number H			
						<u> </u>	Ler Typ	ngth of drop pipe ft pe:	capacity g.m.p.		
]	_		Turbine Reciprocating		
(use a second sheet if needed)							_ =	Certrifugal	Other		
16 Remarks: elevat	16 Remarks: elevation							iter well contractor's certifi is well was drilled under my			
Topographiu						report is true to the best of my knowledge and belief.					
Topography: Hill						Business none A License No.					
Slope ☐ Upland						I	Idress Kelly fr	Date /-28	フょー		
X Valley								Authorized represen	ntative	j	

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

Form WWC-5