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

WATER WELL RECORD KSA 82a-1201-1215

	\neg	T		
T	R	EW	sec 1/4 1/4	1/4 No.

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

Well #2

1 Location of well:	Dickinson	Township name Newbern			Section	Section number			n number -14- S		Range number R-2-E	
Distance and direction from nearest town or city: 3 Owner of well: R. L. Collings												
Street address of well	niles south of	Abilene		Addr	ess:		R.R.	2	Abilene,			
Locate with "X" in s	ection below: N	Sketch map:					4 Wel	ll dept Il diam	h: <u>90</u> ft. neter <u>7</u> in.	⁰ 3728775	tion	
<u>*</u>			6)					=	Driven D	1	
w	E		્	•			6 Use		Domestic Publ Irrigation Air o			
			Q			:		ing:	Test well			
<u> </u>	S —1 Mile—						Die 5	m. _ in.	to 90 ft. depth	Weight <u>200</u> Drive shoe?	. lbs./ft	
2	Туре	and color of material			From	То	8 Scr	een:	to ft. depth			
Yellow clay and rock					0	63	Tvo	e I	urer field PVC .e <u>12ga</u>	Dia. 511	ated	
Gra	y and red cla	У			63	83 2			en ft. and		 	
Sof	t gray clay	waterbearing			83 <u>분</u>	85		tings: avel po	ıck 🗶 Yes 🗌 No	Size range of	material	
Har	d gray shale				85	90			ter level: . below land surfac	e Date		
									evel below land su . afterhrs		q.p.m.	
							l —	ft	. after hrs	. pumping	g.p.m.	
		7 7 Table 1	•				· —	ter sam Yes	nple submitted: No Da	e		
								Pitless		Capped Inches abov	e grade	
							X	Neat	ted? AYes cement Benton omft. to			
							14 Ne	arest so	ource of possible co	ontamination:	1	
									nfected upon compl	etion? X Yes	-	
							l	nufacti	urer's name	HP		
-							Len	igth of	drop pipe			
							_	Subme	ersible	Turbine		
	(use	a second sheet if needed)					_	Jet Certri	fugal	Reciprocati Other	ng	
16 Remarks: elevation						1		ll contractor's certi was drilled under n		and this		
Topography:						l '		rue to the best of n	•	nd belief.		
						Busi	ness n			License No. 7429		
Upland Valley								ned —	Authorized repres	ader De	ote <u>5-14-7)</u>	

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

Form WWC-5