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, Kansas 66620

1 Location of well:	Township name	Fraction	1/	Section	on number		Town number	Range number	
Distance and direction from nearest town or ci	1/2 South	NW NW	3 Owner	of well	<u>-</u> ::	rvil	Kochman	L & L	
Street address of well location if in city:  Address									
Locate with "X" in section below:  N  Sketch map:			<i></i>			4 Well depth: 57 ft. Date of completion Well diameter in 15 13 711 to 5			
*						5 🔲 0	Coble tool Rotary		
w = = = = = = = = = = = = = = = = =							6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial Test well		
						7 Casing: Material PC Height: above/below Threaded Welded Isurface in.			
S Mile				· · · · · · · · · · · · · · · · · · ·			Diam. Weight Dis./ft in. toft. depth Drive shoe? Yes Noin. toft. depth!		
2 Тур	e and color of material			From	То	8 Scree	en:e	+ 0	
top Soil				0	10	Man Type	ufacturer Cortain	100 5'11	
yellow Clay + Shale			/	0	40		gauzeLei petween 53 ft. and 4	ngth	
some wa	ter			40		Fitti		· 3~	
yellow o	Slay	·-·- <u>-</u> -,		40.	50		c water level: 2 ft. below land surface	Date 2-3-3	
Water	0			50		10 Pump	ing level below land surfa	ices;	
Blue Shale				52	57		ft. after hrs. ft. after hrs. ated maximum yield	pumping g.p.m.	
							r sample submitted:		
-							head completion: itless adapter	Inches above grade	
						⊠N	grouted? Yes [ leat cement Bentonite n: From ft. to	□ <b>Z</b> _ ft.	
							est source of possible ont		
		· · · · · · · · · · · · · · · · · · ·				15 Pump	_	on? Yes No	
					_	Mode	ofacturer's name HP Inumber HP		
						Туре		Turbine	
(use	a second sheet if needed)					ا 🗖 ۱		Reciprocating Other	
16 Remarks: elevation						r well contractor's certific	i i		
Top <u>og</u> raphy:						This well was drilled under my jurisdiction and this report is true to the best of my knowledge and beliefs.			
Slope							ess name	License No.	
Upland Valley						Signe		dus Date 10-1	

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

Form WWC-5