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

NOTE

WATER WELL RECORD KSA 82a-1201-1215

7	-	2	EW	 sec	1/4	1/4	1/4	No.

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

	County	Township name	Fraction	Sect	Section number		Town number	Range number]
1 Location of well:	OSAGE		St NWSW	7	1		15	15	
Distance and directi	ion from nearest town or cit	Y: MILE SOU	-74 30	wner of we	II: W/	771	WEA FAMM	AEAL TYJAL	
Street address of we	II location if in city:	BANTON K	1 4	Address: /	TOP	W A EFA	NAMATTER	04	
Locate with "X" in :		Sketch map:	2.		101	4 Wel	I depth: 118 ft. D	04 ate of completion <u>7-29</u>	76
	N					Wel	l diameter <u>5</u> in.		-
		1/2					Cable tool Rotary Hollow rod Detted	」Driven [] Dug]Bored □ Reverse rotary	
		\$ 				6 Use:	: Domestic Public	supply Industry	1
w		8	*				☐ Irrigation ☐ Air co☐ Test well ☐	nditioning 🔲 Commercial	
X	Ç	· ·				7 Casi	ing: Material STAJ H	eight: above/below	1
	<u>i i i </u>	21				Thre	eaded Welded S		
<u> </u>	S Mile	. • • •				Dia <u>Ø</u>	im. Lin. to LLEft. depth!D	VeightIDS./ff Drive shoe? [] Yes [] No	
2	Typ	e and color of material		From	То		_ in. to ft. depth	. — .	4
			·	+-	+,	8 Scre	een: nufacturer <i>SHOF</i>	>	
	<u> 801 L</u>			0	/	Тур	nufacturer <u>SHOF</u> e <u>STAJ</u> D	ia. <u>5 ''</u>	
	LIMF				12		t/gauze <u>As Ø</u> tt. and,		
RAA	HEN Li	·		12	50	Fitt	rings: avel pack 🗌 Yes 🔀 No		
				,,,,	1.		To water level:	orze range or mareriar	1
LIM	IE HAB	D BLUF	-	50	60		ft. below land surface	Date 7-29-74	
1 i MIE	BAINE	UNITH SHA	IF LAYERS	60	90		nping level below land surf	faces: pumping g.p.m.	
SHAL	F BLA			90	23		ft. after hrs. mated maximum yield //	pumping g.p.m.	
Lin	1F			93	118	11 Wat	ter sample submitted:		1
, . , .							Yes X No Date Il head completion:		-
7.					1	1 —	Pitless adapter	Z Inches above grade	▎.
/ AS	TES HIG	H JA CHL	OM IPES		+		II grouted? ፟█ Yes Neat cement ☐ Bentoni	□ No	
					ļ	Dep	oth: From ft. to	8 ft.	
		•	-				arest source of possible co		
1	WAZEA T	n Day				We	Il disinfected upon comple	tion? Yes No	2
100	o's sall	o pour				15 Pun	•	Not installed	
- / X 1	x 4 9	LAB.			1.	_	nufacturer's name bdel number b	1P Volts	
						Len Typ	• • • • • • • • • • • • • • • • • • • •	t. capacity g.m.p.	
							Submersible	Turbine	
	fues	e a second sheet if needed)					Jet [Certrifugal [Reciprocating Other	
16 Remarks: elevat						17 Wa	ter well contractor's certif		
						1	s well was drilled under m		
Topography:						Ju	ort is true to the best of m	ONILIAL 119	
□ Hill						1	iness nath ARRON	DALE HS	
Slope Upland						Ad Sig	ne 16	Date 7_1	9 70
☐ Valley							Authorized repres	mtative] (

Form WWC-5