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

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WATER WELL RECORD Kansas State Dept. Of Health KSA 82a-1201-1215 (Water Well Contractors) Forbes-Bldg. 740 Topeka, Kansas 66620 Township name County Range number 1 Location of well: Street address of well location if in city: 4 Well depth: _ Locate with "X" in section below: Sketch map: Well diameter _ 5 🔀 Cable tool 🗌 Rotary 🔲 Driven 🔲 Dug Hollow rod Jetted Bored Reverse rotary 6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial Test well 7 Casing: Materia Type Mab: above below Threaded Welded Surface 12 in. Weight _____ lbs./ft._ 6_ in. to Z5ft, depth!Drive shoe? ☐ Yes ☐ No ____ in. to ____ ft. depth Type and color of material 8 Screen: Gravel pack 🛭 Yes 🔲 No Size range of material 🕏 Static water level: ft. below land surface Date 10 Pumping level below land surfaces: ft. after hrs. pumping 🗸 _____ ft. after ___ Estimated maximum yield= 11 Water sample submitted: Yes Yes **₩** No Date 12 Well head completion: Pitless adapter Inches above grade 13 Well grouted? X Yes Neat cement Bentonite Depth: From ______ft. to _____ft. Well disinfected upon completion? Yes 15 Pump: Not installed Manufacturer's name _ Model number ____ _ HP __ __ Volts _ Length of drop pipe ____ _ ft. capacity ____ g.m.p. Type: Submersible ☐ Turbine ☐ Jet Reciprocating Certrifugal ✓ Other No Ho below 10 ft. Get OK from ffice to Great oto 7 ft. 17 Water well contractor's certification: This well was drilled under my jurisdiction and this wknowledge and belief. **Ж** нап **¥** Slope

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