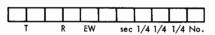


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD KSA 82a-1201-1215



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

			,,
County Township name Fraction	Secti	on number	Town number Range number
Franklin Cen. SEL NHAM) <u>a</u>	7 165 R 18 E
1 Location of well: Frank LIN Cen. SEL NH LINE 35 TIBS RISE Distance and direction from nearest town or city: 43, NE 3 Owner of well: WYLON FLORY Street address of well location if in city: PDMONA KANS. Address: POMONA RANSAS			
	dress: /	0 M	
Locate with "X" in section below: N A.			4 Well depth: 100 ft. Date of completion 4-15-75 Well diameter 64 in.
Kh.			5 Cable tool Rotary Driven Dug
OHP I			6 Use: Domestic Public supply Industry
W			Irrigation Air conditioning Commercial Test well
3M1			7 Casing: Material Prc Height: above/below 18"
S			Three 1 2 Ide Surface 18 in. Digm. Weight 30 lbs./ft 30
2 Mile 2	T		Digm. Weight 30 lbs./ft 30
Type and color of material	From	То	8 Screen: Manufacturer
SOIL & CLAY	0	16	Manufacturer
GraveltCLAY	16	20	Slot/gauze Length Set between ft. and ft
YELLOW SAND STONE	20	50	Fittings: Gravel pack ☐ Yes 【 No Size range of material —
Grey SANGED SHALE	50	75	9 Static water level: 50 ft. below land surface Date 4-15-76
Grey SANd	75	88	10 Pumping level below land surfaces:
White SAND	88	100	ft. afterhrs. pumping g.p.m. ft. afterhrs. pumping g.p.m.
- THE SANG			Estimated maximum yield 40 4 g.p.m.
	1	-	11 Water sample submitted: Yes No Date
	ļ		12 Well head completion: Pitless adapter Inches above grade
			13 Well grouted? X Yes No
			Neat cement Bentonite Depth: From 1 ft. to 20 ft.
	\vdash		14 Nearest source of possible contomination: ft. 1000 Directions Type PiG 0
		 	Well disinfected upon completion? ✓ Yes No 15 Pump: ✓ Not installed
	-		Manufacturer's name HP Volts
			Length of drop pipe ft. capacity g.m.p.
			Type: Submersible Turbine
(use a second sheet if needed)			☐ Jet ☐ Reciprocating ☐ Certrifugal ☐ Other
16 Remarks: elevation			17 Water well contractor's certification:
761			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Topography: □ Hill			EDGAR SWANK 124 Business name License No.
Slope			Address OTTAWA KANS,
☑ Valley			Signed Authorized representative

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

Form WWC-5