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

WATER WELL RECORD KSA 82a-1201-1215

		1 1					
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

1 Location of well:	County Marion	Township name Colfax	Fraction NW1NE1N	W à	Section	on number		Town number	Range number	
Distance and directi	on from nearest town or cit	ļ <u>.</u>			of well	10 : Keni	neth	<u> 17-3</u> Fike	3-E	
Street address of well location if in city: Of Ramona				Addre	Address: Ramona, Kansas					
Locate with "X" in section below: Sketch map:				100,000			4 Well depth: 95 ft. Date of completion 3-7-			
	N						Wel	Il diameter in.		
	X							Cable tool ARotary		
								: Domestic Dublic		
w									nditioning Commercial	
	111						7 Cas	ing: MaterialHe	eight: above below	
<u>L</u>	<u> </u>						Dia	m. Cit	ass 160 bs./ft.	
	-1 Mile-			т т		, -	5	in. to 95 ft. depth Di	ive shoe? Yes 🛂 No	
2	Туре	e and color of material			From	То		in. toft. depth	M 3	
Top- Soil				0	5	Mai	een: nufacturer Plastic Di	.=reeq 5 In		
				5	20	Slo	t/gauze 🛨/ 0 Le	ngth 10		
	Red Clay					20	Fitt	between ft. and ings:	ft	_
	Yellow Clay				20	50		rvel pack 🖫 Yes 🗌 No S	ize range of material	\$
	Limestone	*****			50	5 7	82	ic water level:ft. below land surface	Date 3-7-75	
	Nue Shale				57	90		iping level below land surfa		
_	Water				90			ft. after hrs. ft. after hrs.		
	Blue Sha	le			90	95		mated maximum yield ter sample submitted:	g.p.m.	
	22.40 5110				90	75		Yes 🖺 No Date		
								- 11020 0-111p1-111-111	Inches above grade	
·							13 Wel	l grouted? Tyes [□ No	
								Neat cement \Box Bentonity th: From 3 ft. to 11		
							14 Nec	rest source of possible con	tamination:	Lot.
							We	Il disinfected upon complet	ion? 🙀 Yes 📗 No	
							15 Pum Mar	nufacturer's name	Not installed	
							Mod	del number Hi	Volts	
· · · · · · · · · · · · · · · · · · ·							Тур	_		
								Submersible	Turbine Reciprocating	
	(use	a second sheet if needed	d)			j		Certrifugal	Other	
16 Remorks: elevati	on							er well contractor's certific well was drilled under my		
Topagraphy:						1	герс	ort is true to the best of my	knowledge and belief.	
□ніп							Busi	eckhus Drillin	License No.	
Slope Upland							Add Sign	ne Street St	sas, pare 3-25	75
☐ Valley								Authorized represen	tative	

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

Form WWC-5