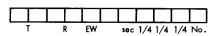
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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:	Chase	Township name	Fraction SW/4SW/4SI		on number	9	Town number	Range number R8E
Distance and direction from nearest town or city: 3 miles North 3 Owner of well: Charles R. Rayl								
Street address of well location if in city: of Strong City Address: 1264								,
Locate with "X" in section below: Sketch map:					. ,	4 We	II depth:ft. D	ate of completion 5-13-2
	1 1 1	N	T× ·	jout	/	-	Cable tool Rotary	Driven Dug
│							Hollow rod Jetted	Bored Reverse rotary
w E						6 Use	e: Domestic Public	supply Industry
		,	/27	(/	7 Ca	Test well	is ight. Though he low
x_		3m) N.	THI	C		Th	readed 🔲 Welded 🔲 S	urface 12 in.
<u> </u>	S ——1 Mile———	Strong Ci	ty l	\bigcirc		<u>5</u>	in. to 21 ft. depth D	Veight lbs./ft Drive shoe? Yes No
2	Тур	e and color of material	,	From	То	8 Sci	in. tott. depth	
1. 7	on Soi	e		0'	6'	Mo	pe Round Holes D	11ted
2. Rodish Clay with very slight						Slo	ot/gauze Le	
5/	and the	11	<u> </u>	11	151	Fit	tings:	14 234
7 /1	1+ k	y graves	. h	12'	111	0 64	avel pack 🗶 Yes 🗌 No :	
1 21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11	one war	or bearing	1/2	16		The water level: ft. below land surface pping level below land surf	
7, 219	oh grey	i shale		16	20	14	# ft. after # hrs.	pumping 50 g.p.m.
$\frac{\mathcal{D}_{i}}{\mathcal{D}_{i}}$	irk grey	shale		20	25	Esti	ft. afterbrs.	g.p.m.
6. 25	ght lime	stone		25	27		iter sample submitted: Yes 🛛 No Date	
1. Me	dium gr	ey shale		27	29			12 Inches above grade
				<u> </u>		13 We	II grouted? Yes	□No
						Dep	Neat cement Bentonit	• □ 2_ ft.
						14 Ne	arest source of possible con	ntamination:
						We	II disinfected upon comple	tion? Yes No
							inufacturer's name	Not installed
							odel number H ngth of drop pipe ft	
						Typ	oe:	
	luca	a second sheet if needed)		,			Jet [Reciprocating Other
(use a second sneer IT needed) 16 Remarks: elevation						17 Wa	ter well contractor's certifi	cation:
							s well was drilled under my ort is true to the best of my	knowledge and belief.
Topography:						Bus	iness name_ 01	cu License No.
☐ Slope ☐ Upland						Ad		Stonwood Falls
Valley]	10000 September 1	Harkee

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

Form WWC-5