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

WATER WELL RECORD KSA 82a-1201-1215

	1	П	
	<u> </u>		
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

			NW NW NI	W			To	opeka, Kansas 66620	
1 Location of well:	Was also	Toynship name	Fraction	Section	on number		Town number	Range number	
Distance and direct	tion from nearest town or ci	"Imic	3 0	wner of well	Car	n.l	o Oil Co		1
	ell location if in city:	· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ntilope 30	Address:	na	Eu	nks		
Locate with "X" in	section below:	Sketch map:		•			ell depth: 20 ft. D	Pate of completion CLL	9/19
	 					`-	Cable tool Rotary Hollow rod Jetted		
w						6 U:	se: Domestic Public Irrigation Air co	c supply Industry onditioning Commercial	
	S S					7 C	asing: Materia Dale hreaded	leight: above/below	
	Mile —		·			5	in. toft.depth	Orive shoe? Yes No	
2	Тур	e and color of material		From	То	X s	in. to ft. depth		
	Gunto				3		Janufacturer Home made [Diay	
Z	me			10	13	S		ength _20//	
S	vas Ston	e		15	28		ittings: iravel pack XYes No	Size range of material 🚈	
hi			Į.	5	32	9 St	ratic water level:	Date Quy 10	مو
Red	Bock			13	45	10 Pc	umping level below land sur	faces:	4
Yi	u S			10	53	_	ft. after hrs.	pumping g.p.m.	
Sin	u H	x · ·		15	20	11 W	timated maximum yield —— ater sample submitted:	g.p.m.	
Soa	p. Stone	Water ?	59/2	10	80	12 W	Yes No Date Tell head completion:		
Jime	H			10	90		Pitless adapter	nches above grade	
	•					Ø	Neat cement Bentoni	- '	9
						14 N	earest source of possible co	ntamination:	_
						W	/ell disinfected upon comple	tion? Yes No	4 W
1		,					anufacturer's name	Not installed Volts Volts	
1/115	Well K	as beer	plug	sed		Le	ength of drop pipe	r. capacity olts	J
-ak	andoned-	- 9	1-15-19	72				Turbine	
<u>.</u>	(use	a second sheet if needed)					Jet L Certrifugal	Reciprocating Other	₹.
16 Remorks: elevat	tion						ater well contractor's certif	1	MW WWW
Topography:					!		port/is true to the best of my	'	ω,
□ніп						Bu	rsiness name	License No	6
Slope					·		prost frame	Datau	192
☐ Vailey						W	Authorized represe	marure y	

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

Form WWC-5