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

WATER WELL RECORD KSA 82a-1201-1215

		П	T	
<u> </u>	R	FW	sec 1/4	1/4 1/4 No.

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

							_	
County	name Fraction	Sect	ion number		Town number	Range number		
1 Location of well:	54/2 -5	WIJE	18		/	14		
Distance and direction from nearest town or city: 4 3		3 Owner of we	II: Lou	115	Mayer Ti	R,	1	
Street address of well location if in city: Bean		Address:	RT	2	sabetha X	Ansas		
	KS					7.25	1	
Locate with "X" in section below: Sketch map:			>	4 Well depth: ft. Date of completion 7-25-15 Well diameter in.				
1 1 1			$\stackrel{\frown}{\Rightarrow}$		Cable tool 🛣 Rotary	□ Driven □ Dug	1	
	BARW -	-	☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary					
Service of the servic			6 Use: 🔀 Domestic 🗌 Public supply 🔲 Industry					
w E	[3]		☐ Irrigation ☐ Air conditioning ☐ Commercial					
 	ماد م	, [2] -	4		Test well	1	-	
			<u></u> →		ing: Material <u>FUS</u> eaded Welded D			
5	-001	© "		Dia	m.	Weight 2:33 lbs./ft	-	
→1 Mile	<u> </u>	···				Drive shoe? Yes XN	٥	
2 Type and color	of material	From	То		_ in. to ft. depth	<u> </u>	4	
				8 Scre Mai	nufacturer Puma	<u> </u>		
Top Soil		0		Тур	e FUC 1	Dia	-	
Yellows Clav			18	Slot	t/ 550 e <u>, 025</u> between <u>54</u> ft. and	Length 20	-	
9011000 0100			1	Fitt	ings:	++		
GREY C/Ay			33	Gra	vel pack 🗶 Yes 🗌 No	Size range of material	-₹	
40 1/0m Clark		33	48	9 Stat	ric water level: 1001 9 ft. below land surfa	measured ce Date 7-25-75	1/1	
F. 6 7		110	/ سر ا			urfaces: Air Tes T	=	
Fine Sand		48	56	l —	ft. after hr	s. pumping g.p.m.	.	
Yellow Clay			62		ft. after hr mated maximum yield	s. pumping g.p.m.	•	
Sandy yellow Clay- some Gravel			170		ter sample submitted:	9.5	1	
7777	70000	l .	2.		Yes No Do		4	
yellow Clay		70	85		li head completion: C Pitless adapter 24			
GREY Clay		45	110		I grouted? XYes		1	
PLO CLOTA					Neat cement Benton	nite 🔲	-	
DILLE SHATE		//0	 	Dep	th: From ft. to	<u>∠⊘</u> ft.	\dashv	
				14 Ned	arest source of possible of	toptamination:	k \	
	•				Il disinfected upon comp			
				15 Pum	np:	Not installed	1	
					nufacturer's name del number	HP Volts		
				1		ft. capacity g.m.p	_ '	
				Тур	e:	_	2	
				_	Submersible Jet	Turbine Reciprocating	1	
(use a second sl	neet if needed)			_ =	Certrifugal	Other	\ \	
16 Remarks: elevation					ter well contractor's cert	rification:	− [δ	
134 Well Slab by Dwner					This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
Topography: S. T. T.					1 - 11	my knowledge and belief.		
□ Hill , # , ; ; ·					Business name License No.			
Slope Slope					tress RFDI Ho	tion K5		
Upland					Signed Authorized representative			

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

Form WWC-5