PRINT CLEARLY.	7 4 6 C	(%) WATER WEI	I RECORD				K	ansas [	Denartmen	t of Health a	and	
		1201-1215 ABB				Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620						
	County	Fraction	s	Section number		Township number		Range number				
1. Location of well:	i '	NW 1/4 NW1/4 NE						S R	s R /7 GW			
2. Distance and direction from nearest town or city:			3. Owner	Owner of well: MARVIN			CAMbe	// ·		9	,,,	
Street address of well	I location if in city: OF Res		R.R. or str	reet:		9	Cloub	•	/ = /	•		
4. Locate with "X"		Sketch map:				6. Bore h	ole dia. <u>8</u> depth <u>100</u> ft.	in. C	ompletion 7-	date	<del></del>	
NW	il 🔲 ;	_ <	Septic		7 C	able tool Rota ollow rod Jett	жу	Driven	Dug			
w						8. Use: Domestic Public supply Industry Irrigation Air conditioning Stock Usawn Oil field water Other						
sw se							Lawn Oil field water Other  9. Casing: Material PVC Height: Move or below  Threaded Welded Surface 2 4 in.					
S 1→						RMP	PVC <u>91</u> in. to 100ft.	depth!\	Veight <u> </u>	cness: inches	or .	フ' m/
5. Type and color of	f material			From	То		in. to ft. c			2740	25/	
TOP SOIL				0	3	10. Screen: Manufacturer's name  RUMPCO						
Brown clay yellow Lime shaley Lime				3	50	Type						
yellowLime				50	52	ft. andft. Gravel pack? Size range of material \(\omega\) 30 \(Y\cdot\) bo						
	5,	haley Lime		52	100	11. Statio	water level: 2 ft. below land	surface	Date	mo./day 7~19-7		
		·					ing level below I ft. after			g.r	o.m.	
							ft. after maximum yield -	_ hrs.		g · F		
							sample submitte		e	mo./day		
						14. Well	head completion:	(4)	oped	s above grad		
						15. Well	grouted? Neat cement _	!	gentonite			
						Depth: Fro		to 13	<u> </u>			1
						ft. <u>15</u> Well disi	O Direction _ nfected upon com	pletion	1y	pe <u>5eφ7</u> Yes	_ No	١
						17. Pump Manufact	urer's name		∠Not in			ا , ا
						Model nu Length of	mber drop pipe			Volts tyg .p	.m.	1
						Type				•	1	

30

18. Elevation:

Hill
Slope
Upland
Valley

Forward the white, blue and pink copies to the Department of Health and Environment

(Use a second sheet if needed)

BR=890 8=892

19. Remarks:

Authorized representative

Turbine

Other

Form WWC-5

Reciprocating

Submersible

20. Water well contractor's certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Jet Centrifugal