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

WATER WELL RECORD KSA 82a-1201-1215

T	R	FW/	sec 1/4 1/4 1/4 No

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

***************************************			T					1
1 Location of well: Marion	Township name	SEYY JALUYY		n number		120 5	Range number	
Distance and direction from nearest town Street address of well location if in city:	or city 3/1/1/00 a	3 Owner	of well	Car	ulo o	If Flan	ning	
	Livay X.	-15		· P	7		ate of completion 236	- 1/-
Locate with "X" in section below:	Sketch map:					Il diameter / in.	are or completion 2 23	/3
							Bored Reverse rotary	
w -	E				6 Use	: Nomestic Public Irrigation Air co	supply Industry	
ii						ing: Material Pue H		
S →1 Mile					Dic 2	im. Lin. to La ft. depth!D	/eight lbs./ft rive shoe? Yes No	
2	Type and color of material		From	То	_	in. to ft. depth!		-
Ton S.	0		0	a		nufacturer Urles		
P. 0 00			2	8		bauze		
12 & to po-	a & Line 1	0.	8	12	Fit	between 22 ft. and . tings: avel pack 27 Yes 28 No.	Y= "	
Fine to Su	of garage	- Oru	12	21	9 Sta	tic water level:		
Fine son	De	J	21	24	10 Pu	nping level below land surf	Date <u>2-26-75</u>	1
Fine to m	ed souls-	Love	24	38	_	ft. after // hrs. ft. after hrs.	pumping g.p.m.	
Frank & B	lue shall	ر مید	38	45	11 Wo	imated maximum yield iter sample submitted:		1
9	•				_	Yes No Date	1.9 "	1
					×	Pitless adapter	Inches above grade	4
					×	Neat cement Bentoni		
		N-40				pth: Fromft. to earest source of possible co		1
		,			ft. We	Direction Direction	TypeNo	,
124				 	15 Pu	mp: anufacturer's name	Not installed	
					M	odel number h		
					<u> 17</u>	pe:	Turbine	
	(use a second sheet if needed)			1 =		Reciprocating Other	
16 Remarks: elevation				<u> </u>		ater well contractor's certif		1
100 feet	NW J We	ll surface	رها		re	is well was drilled under moort is true to the best of m	y knowledge and belief.	
Topography: Slopes	NW J We fact away	to Naud	E		Bu	eTenson Bros I siness name	License No.	
☐ Slope ☑ Upland						44. 44	LINdsbory K.	75-
☐ Valley					Bu	gned Authorized represe	nianve	

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

Form WWC-5