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

WATER WELL RECORD KSA 82a-1201-1215

1 1 1	1		
ب	<u> </u>		
- 1	ĸ	EW	sec 1/4 1/4 1/4 No.

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

County	Township name	Fraction		Section	on number		Town number	Range number	l
1 Location of well: Coffey	'	NEGNER	4 NE 4	. 2	? 5		205	16 E	
Distance and direction from nearest town or cit	y: 75 E		3 Owner	of well	: J0	E (Jughes		
Street address of well location if in city: OF WAVER 14 Address: RR WAVER 14						14 Well depth: 150 ft. Date of completion			
Locote with "X" in section below:	Sketch map:					4 Wel	l depth: <u>150</u> ft. D l diameter 2 in. /	ote of completion	
	1	House	7			5 🔲	Cable tool Rotary	Driven Dug	
-X-	L		\dashv				Hollow rod Jetted L	Bored Reverse rotary	l
W			}			0 010		nditioning Commercial	
1 1 1	Xwell	100'	5	opt.	, C	7 Casi	ng: Material PVC H	eight: (bove below	
s ,	Xwell		77				eaded Welded Iss	urface <u> </u>	8
2 Mile-					T .	<u> </u>	_ in. to	rive shoe? Yes Ara	
Тур	e and color of materiol			From	То	8 Scre Mai	nufacturer Dunific	9	
TOP SOIL				0	2	Тур	e	ia. <u>5</u>	
Clay brown				2	37	Set	between 110 ft. and	150 ft	
Limestone grey				37	90	Gro	vel pack 🛛 Yes 🗌 No S		-
Shale, grey				90	115	9 Stat	ic water level: ft. below land surface	10-6-79 Date	
SANDSTONE WA	Ter beahing	9		115	150		ping level below land surf ft. ofter hrs.		
							ft. after hrs.	pumping g.p.m.	
						11 Wat	er sample submitted:		1
							Yes No Date I head completion: (A)		
							Pitless adapter 4 [I grouted? Yes	Inches above grade	$\frac{1}{1}$
							Neat cement Bentonit	he	
						14 Ne	arest source of possible con	ntamination:	
						ft. We	100 Direction	tion? Yes No	
						15 Pur	nufocturer's name	Not installed	
					<u> </u>	Мо	del number h		
					<u> </u>	Тур	e:	_	
							Jet	Turbine Reciprocating	
(use a second sheet if needed) 16 Remarks: elevation							Certrifugal ter well contractor's certif	Other ication:	$\frac{1}{2}$
10 Kemarks: elevation						This	s well was drilled under my ort is true to the best of my	/ jurisdiction and this	
Topography: OWNER TO IN	15T411 51A	6				STR	Ader DRIG		
Hill Slope						Add	ness name dress Halton	<u>K5</u>	
Upland Valley						Sig	ned Authorized represe	htative Date/0-/0-	7

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

Form WWC-5