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

WATER WELL RECORD KSA 82a-1201-1215

				Г	
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

County	Township name	Fraction	Section number			Town number	Range number			
1 Location of well: Chase		NW NW NW		4		205	8E			
Distance and direction from nearest town or city	Mi Sout	177Hw 3 Owner	of well	: G01	rdol	n Heathman	1 Nol			
Distance and direction from nearest town or city:   Missouth 177Hw 3 Owner of well: Gordon Heathman No!  Street address of well location if in city: Cotton wood Falls  Address: Strong City										
Locate with "X" in section belaw:	Sketch map:					l depth: <b>86</b> ft. Do	ate of completion 1/28			
X ! ! !					5 💢	Cable tool 🗌 Rotary	Driven Dug			
						Hollow rod Jetted :	Bored Reverse rotary			
w¦ <b>-</b> /   E					o Use	☐ Irrigation ☐ Air cor	supply   Industry nditioning   Commercial			
		`			7 Cas	ing: Material PVC He	eight: above/ <del>below</del>			
<u> </u>						eaded 🔲 Welded 🔲 Su				
→ 1 Mile →				r	4	Zin. to <b>36</b> t. depth Di	rive shoe? Yes No			
2 Туре	and color of material		From	То		_ in. taft. depth	CastairTe			
CL			0	5	Ma Typ	nufacturer <u>JNOP</u> e <u>PVC</u> Di	er (Certain Te			
CH with Flin	t Grzvel		5	10	Set	e	99th <u>57'</u>			
Gravel WiTh CL -'CH				12	Fitt	tings: svel pack 🗌 Yes 🔀 No S	L.V			
CL Red Brn			12	14	9 Sta	tic water level:  ft. below land surface	Date / /30/76			
Lime Massive		ood ?	14	2/		ping level below land surf	JCes:			
Sh Redd Guery				38	ft. after hrs. pumping g.p.m.					
Lime	,		38	40	11 Wa	mated maximum yield ter sample submitted:				
Shale Ghay			40	50		Yes X No Date  I head completion:				
Lime		., .,	50	55			Inches above grade			
Shale Gray				65	13 Well grouted? Yes No  No Neat cement Bentonite Depth: From 3 ft. to 4 ft.					
Shale DK Gnay		65	75	14 No	14 Negrest source of possible contamination.					
CL Shale Lt Gray			75	86	ft. We	250 Direction Will disinfected upon complet	ion? Yes No			
					15 Pun Ma	np:	Not installed			
	1 1111 1111 1111				Мо	del number HI gth of drop pipe ft				
					Тур	e:	Turbine			
						Jet _	Reciprocating			
16 Remarks: elevation	a second sheet if needed)	l		l		Certrifugal ter well contractor's certific	Other cation:			
						well was drilled under my ort is true to the best of my	•			
Topography:					Ż	19 Nez Dni	11ing 203			
☐ Hill  Slope						ress name to kwi	od Fallsks			
☑ Upland ☑ Valley					Sig	Authorized represen	tative 1976			

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

Form WWC-5

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