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

WATER WELL RECORD KSA 82a-1201-1215

		П	T				
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	on number		Town number		Range number	
1 Location of well:	Chase	Homestead	NE & NE & NE	į.	30		2	15	7E	
Distance and directi	ion from nearest town or cit	1: 10 M Sout	4 4 3 Own	er of wel	1: Ho	me s	Tead	Cem	etery	
Street address of well lacation if in city: EasT of Clement Address: Cedar Point										
Locate with "X" in s	section below:	Sketch map:				4 Wel	II depth:	6 ft. D	ate of completian <u>4-70-</u> 7	
					:	5 🔀	Cable tool [Rotary [Driven Dug Bored Reverse rotary	
w						6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial Test well Commercial				
	S .				:	Thr Dia	eaded 🔲 V ım.,	Velded 🔯 S	eight: above/below urface in. /eight: 155./ft 100	
2	→1 Mile →			Τ	T .		in. to 40		rive shoe? Yes 🔏 No	
	Тур	e and color of material		From	То	8 Scr	een: nufacturer <u>5</u>	UNFIA	wen	
over	B.urdenn			0	3	Тур	200	D	ia	
Line				3	10	Set	between 4		5" ft. 60	
y ellow	Shale			10	16		rings: rvel pack 🏹 🕻	res No S	Dize range of material 🏂	
gary 5h	eletline	2 Water	a] /6 ft.	16	18		tic water level		Date 470-75	
hime				18	24	10 Pum	nping level bel	low land surf		
Lime				24	30		ft. after	hrs .	pumping g.p.m.	
Linet	Shale ga	n.Y		30	40	11 Wat	ter sample subr	mitted:		
Blue S	hale + Li	mø		40	95	12 Wel	ll head comple	tion:		
Blue 5	hale ha	nd		45	55		Pitless adapter I grouted?		Inches above grade	
Lime	L Blue 3	shale		55	40		Neat cement	☐ Bentonit	— : : : : : : : : : : : : : : : : : : :	
						14 Ne	arest source of	possible con	, ,	
							ll disinfected			
		· · · · · · · · · · · · · · · · · · ·				15 Pum Mai	ip: nufacturer's no	_	Not installed	
									P Volts	
						Тур		_	Turbine	
	(use	a second sheet if needed)					Jet Certrifugal	Ī	Reciprocating Other	
16 Remarks: elevation hand Pump installed for Watering					17 Wat	er well contra	ctor's certifi	cation:		
Flaman C					repo	ort is true to th	•	jurisdiction and this knowledge and belief.		
Topography:					Busi	ness name	wulldin	License No.		
Slope Upland Valley						1	ned Rafe Author	Y Man Peran ized represer	Date 4-10-75	

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

Form WWC-5