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

WATER WELL RECORD KSA 82a-1201-1215

			LL		
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

1 1 1 1 1 1 1	County	Township name	Fraction		Section number		r	Town number	Range number	7	
1 Location of well:	Marion	Peabody	N W	1		17		22	3 E		
	on from nearest town or cit			3 Owner	of wel	l:		Potter	•	1	
Street address of we	Sil corner o	f Peabody,	Kansas	Addre	ess:		Wic!	hita, Kansas	3		
Locate with "X" in s	section below; N	Sketch map:					4 We We	II depth: 31 ft. Do	ate of completion $5-8$	1975	
								Cable tool Rotary Hollow rod Jetted			
w	E						6 Use	: Domestic Public Irrigation Air cor Test well	nditioning Commercial		
								7 Casing: Material Height: above/below Threaded Welded Surface Dlashtic Diam. Weight			
	→1 Mile							5 in. to 31ft. depth Dr			
2	Туре	e and color of material			From	То		min. to ft. depth			
Light b	rown top so	il			0	4	Тур	nufacturer Di	a		
Yellow clay					4	15	Set	t/gauze Ler between ft. and _			
Yellow clay and lime stone					15	20		rings: Ivel pack 🙀 Yes 🗌 No Si	ize range of material		
Lime st	one, medium	hard			20	25		ic water level: ft. below land surface	Date		
Broken	lime stone				25	30		ping level below lond surfa			
Water bearing strata					25	30		ft. after hrs. mated maximum yield	pumping g.p.m.		
Blue shale (wellington)					30	31	11 Wat	er sample submitted: Yes 2 No Date .			
Total depth						31	12 Wel	I head completion:			
							13 Wel	l grouted? X Yes	Inches above grade		
							Dep	Neat cement Bentonite th: From A ft. to 1	Ωft.		
							ft.	rest source of possible control 1500 Direction 17W I disinfected upon completi	Туре стово	ĸ	
							15 Pum	р: 🔲	Not installed		
	-		·····				Mod	nufacturer's name <u>Demy</u>		111	
							Тур	·			
	(use o	a second sheet if needed)			-1			Jet 🔲	Turbine Reciprocating CotheWindmill		
16 Remarks: elevation							17 Wat	er well contractor's certific	ation:		
								well was drilled under my j rt is true to the best of my l			
Topography:								Rivenburg Wh	Ill Service	261	
Slope							Add	ress Peabody	Kansas	75	
Upland Valley								Signed Authorized representative Date 1-1			

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

Form WWC-5