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

WATER WELL RECORD KSA 82a-1201-1215

		T			
ш		<u> </u>			
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

		NW NU	/ N/A/						_
County	Township name	Fraction		ection nu	ımber	Ţ	Town number	Range number]
^{1 Location of well:} MarioN	SUMMIT	NW	11	3	0		22	4 F	
Distance and direction from nearest town or cit	·	· · · · · · · · · · · · · · · · · · ·	3 Owner of			ah	1 RNV	< +	-
Street address of well location if in city:		/	Address:		R		Piabo	•	
Locate with "X" in section below:	Sketch map:	L			T	4 Well d	lepth: ft. D	ate of completion	27
<u> </u>	·				-		liameter in.		1
	/×					_		Bored Reverse rotary	
w		- 1			'		Domestic Public	supply Industry	
	30	,					Test well		
					7		g: Material E/(t.⊆f ¦M ded		
S Mile	L					Diam	iv	Veight lbs./ft Prive shoe? Yes No	
2	e and color of material		F-				in. toft. depth!	Prive shoe? [_] Yes No	
	e and color of material		_			8 Screen	acturer SUN	Flower	
TOPSOIL (DO	ark13/a	C/T)				Туре	Plastico	ia	
Redici	lay			- 8	4	Slot/g Set bet	/6	ength 30	
Uellon.	Clay		8	2 /	4	Fitting Grave	gs: I pack Yes No :	Size range of material	
(n c) / (n n)		STON	7		2	9 Static	water level:	<i></i>	
h/h, tx	į.			05	<u> </u>		ft. below land surface	<u> </u>	
h/ +2 > 1	1/m257		I .		`	33	_ ft. after 🚣 hrs.	pomping 25 g.p.m.	
Nater g	, ,	ve Bl		زكالي	8		ft. after hrs. ted maximum yield	g.p.m.	
		Whit	_	. -	<u> </u>	1 Water : ☐Yes	sample submitted: s No Date	·	
Blue c	lay		\5	8 6	<u> </u>	2 Well h	nead completion:	2	1
							routed? Yes	Inches above grade No	{
] "	Ne	at cement Bentonit		13
							From ft. to st source of possible cor		, ,
					┨¨	ft. 🔼	50 Direction	Type Jeurs 1/4	e 1
		. 252		\perp	15	5 Pump:	disinfected upon comple	Yes No	-
		· · · · · · · · · · · · · · · · · ·	_			Manufo	acturer's name	1	1
							number H of drop pipe ft	P Volts . capacity g.m.p.	I
						Type:	bmersible [Turbine	
						Je	+ _	Reciprocating	
16 Remarks: elevation	a second sheet if needed)				 ,.		well contractor's certifi	Other	\
To Remarks: elevation					"		ell was drilled under my		6
Topagraphy:						report	is true to the best of my	knowledge and belief.	202
□ніп						Busines	1111 71 71	License No.	703
☐ Slope ☐ Upland						Addres Signed	01.1	elleron 5/2	3
Valley						Jigned	Authorized represen	ntative	7
Forward the white, blue and pink copies to the k	Cansas State Dept. Of Heal	lth.						Form WWC-5	