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

WATER WELL RECORD KSA 82a-1201-1215

| | - | R | EW | sec | 1/4 | 1/4 | No. | , |
|--|---|---|----|-----|-----|-----|-----|---|
| | | | | | | | | ı |

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

| 1 | | | Fraction | Section number | | Town number | | Range number | |
|---|---|---------------------------|----------|---|---|-------------|--------|--------------------------------------|-----------------------------------|
| 1 Location of well: | CHASE | | NWSW | | | 3 | | 225 | 7.5E |
| Distance and directing SE, IN of Street address of we | ion from nearest town or cit WONSEVEE II location if in city: | VI BOULD | and the | | | | | Mercer oiht Ks | 66843 |
| Locate with "X" in s | section below: | Sketch map: | | ł | | | | I depth: 90 ft. [| Date of completion 3/27 |
| 4 | i i i | | | | | | 5 🔀 | Cable tool 🔲 Rotary 🏻 | Driven Dug Bored Reverse rotary |
| w | | | | | 6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial Test well | | | | |
| | | | | | ing: Material PVC | | | | |
| 2 | →1 Mile→ Typ | e and color of material | | T | From | То | | _ in. to ft. depth | Drive shoe? Yes X No |
| CL P | ked Brn | | | | 0 | 3 | | een: nufacturer <u>OPC</u> I e | |
| | S0++ | | | | 3 | 10 | Slo | e i /gauze L between ft. and | .ength |
| | So++ C | buld Be Lime | y Shalo | - | 10 | 20 | Fitt | ings: vel pack Yes No | |
| Lime | Caveri | nous Vug | vlan | | 20 | 26 | 9 Stat | ic water level: | e Date 3/24/76 |
| | Hard | | | | 26 | 27 | 10 Pum | ping level below land sur | faces: |
| 5# 0 | | | | | 27 | 30 | | ft. afterh <u>rs</u> | pumping g.p.m. |
| Shale | | 30 | 65 | Estimated maximum yield 3 - 4 g.p.m. 11 Water sample submitted: Yes No Date | | | | | |
| Lime | 1 Shale wi | th Geods. | | | 65 | | 12 Wel | I head completion: | _ 12 |
| Lime | white | | | | 80 | 85 | | Pitless adapter I grouted? X Yes | 2 Inches above grade ☐ No |
| Sha | IC MEd | Dense | | | 85 | 90 | | Neat cement Benton | ite |
| | | | | | | | 14 Ned | arest source of possible co | ntamination: Type Lots |
| | | | | | | | We | II disinfected upon compl | etion? Yes No |
| | | | | | | | | nufacturer's name | Not installed |
| | | | | | | | | del number gth of drop pipe | ft. capacity g.m.p. |
| | | | | | | | = | Submersible | Turbine |
| | (use | a second sheet if needed) |) | | | | . = | Jet Certrifugal | Reciprocating Other |
| 16 Remarks: elevation | | | | | | | | er well contractor's certi | |
| | | | | | | | | ort is true to the best of m | ' ' |
| Topography: | | | | | | | Busi | ness name | <u>F1/11/4203</u> |
| ▼ Slope | | | | | | | | ness name dress Cotton W | |
| ▼ Upland ▼ Valley | | | | | | | Sign | Authorized represe | entative Date 4//0 |

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

Form WWC-5