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

WATER WELL RECORD KSA 82a-1201-1215

EW sec 1/4 1/4 1/4 No.

> Kansas State Dept. Of Health (Water Well Contractors) Forbes-Bidg. 740

		Topeka, Kalisas 00020
1 Location of well: Harvey Newton NE'45E	Section number	Town number  Range number  Range Number
Distance and direction from nearest town or city: 4 NE	3 Owner of well: Ca	
Street address of well location if in city:	Address: 1609	PLUM, NEWton, KS.
Locate with "X" in section below: Sketch map:		4 Well depth: ft. Date of completion S Well diameter in. #5 #5
		5 📉 Cable tool 🔃 Rotary 🔲 Driven 🗎 Dug
W E		6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial Test well
		7 Casing: Material Part Height: above below Threaded Welded Surface 24 in.
S Mile		Digm Weighte 200 lbs./ft
2 Type and color of material	From To	in. to ft. depth
BLACK TOP Soil	100 2	8 Screen: Manufacturer Sunflower Type Rm7 Dia. 5"
FINE Soud	2 11	Stor gauze 25 ft. and 25 ft
BLUE SHALE	11 50	Fittings: Gravel pack Ves No Size range of material
ROCKY BLUE SAMLE	50 60	9 Static water level: 20 to the level and surface Date 9-30-75
BLUE Shale	60 80	10 Pumping level below land surfaces:  46 ft. after hrs. pumping 7 g.p.m.
		ft. after hrs. pumping g.p.m.  Estimated maximum yield g.p.m.
		11 Water sample submitted: 3/25 Support & Patters on
		12 Well head completion:  Pitless adapter Inches above grade
100		13 Well grouted? Yes No
		Depth: From 24 ft. to 3 ft.
		14 Negrest source of possible contamination:  ft. 300 Direction
		Well disinfected upon completion? Yes No  15 Pump: Not installed
		Manufacturer's name
		Model number HP Volts Length of drop pipe ft. capacity g.m.p.
		Type: ☐ Submersible ☐ Turbine
(use a second sheet if needed)		Jet Reciprocating
(Use a second sneet it needed)  16 Remarks: elevation		17 Water well contractor's certification:
		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Topography:		FRANK BUDDE 221#
☐ Hill ☐ Spee		Business name # 4 NEWton License No. Address RR # 4 NEWton KS.
☑ Upland ☐ Valley		Signed Authorized representative Date
Forward the white, blue and pink copies to the Kansas State Dept. Of Health.		Form WWC-5