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

WATER WELL RECORD KSA 82a-1201-1215

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

Greenwood			Topeka, Kansas 66620			
Township name  County  Township name  Fraction SE  ALL  ALL  ALL  ALL  ALL  ALL  ALL  A	Section	on number	Town number Range number			
		· A al	VIN DENVERY			
Distance and direction from nearest town or city: 6.N. IN.  Of Eureka Kan  Add  Add	VERA KAN					
Locate with "X" in section below:  N  Sketch name  N  N  N  N  Sketch name  N  N  Sketch name  N  Sketch name	1	Mond	4 Well depth: ft. Date of completion			
S Mile Z	;  -	I _	Threaded Welded Surface Lin.  Diam.  Sint to ft. depth Drive shoe? Yes No			
Type and color of material	From	То	8 Screen:  Manufacturer JESS & L'OWELL-			
RIN CLAY	0	3	Type PYC Dia.			
SHELLY LIME	3	2	Slot/gauze ///e Length 30 Set between 80 ft. and 110 ft.			
YELLOW FORF STONE	6	20	Fittings: Gravel pack Yes Mo Size range of material —			
B.W. LIME	20	23	9 Static water level:  1/3 ft. below land surface Date 3/21/14			
BREY SHA!E	23	33	10 Pumping level below land surfaces:			
DOREY SHALE	33	35	ft. after hrs. pumping g.p.m.			
AW. LIME	35	37	Estimated maximum yield			
SANDY CARK SWALE SUN.	3 7	81	Yes Oo Date			
" LITE SHALE	87	91	Pitless adapter / / Inches above grade			
GREY SAND	1/	101	13 Well grouted? Yes No Neat cement Bentonite			
MULTESAND	, 01	112	Depth: From Oft. to ST			
'' / 14 E	112	114	ft. Direction Type SEPTU  Well disinfected upon completion? X Yes			
Green SHALE	. 18	120	15 Pump: X Not installed  Manufacturer's name			
			Model number HP Volts Length of drop pipe ft. capacity g.m.p.			
			Туре:			
		1	Submersible Turbine  Jet Reciprocating			
(use a second sheet if needed)  16. Ramouks: relevation A., Dan him on WH Purs	Certrifugal Other  17 Water well contractor's certification:					
Topography:  Hill  Slope  Upland  Valley	,		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.  LIMINATION FILSEN 3/12  Business name of the business No. Address Town of The Date 3/11  Authorized representative			

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

Form WWC-5