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

WATER WELL RECORD KSA 82a-1201-1215



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

		I		111.4	τ		
1 Location of well:	County	Township name	Fraction S W	My at	1	on number	
	Jedgwick	Wich TA	2.M	' /y	-	<u> </u>	T265 R1E
Distonce and direction from nearest town or city: 3 Owner of well: Hemco Play, & HIQ, I'mc							
Street address of well location if in city: 725 E 37 th. Address: 113 Locate with "X" in section below: Sketch map:						9 S. ST. Fe	
Locate with "X" in s	ection below: N						4 Well depth; 47 ft. Date of completing-23-
	1 1 1	SW 1/4	of TH	10			Well diameter 1 in. Bore hole
	11	SW 1/4 0	of TH	e			5 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary
w							6 Use: Domestic Public supply Industry
"		SW 1/4					☐ Irrigation ☐ Air conditioning ☐ Commercial☐ Test well ☐
							7 Casing: Material PVC Height: (bow/below
<i></i>	l l						Threaded Welded Surface 12 in.
┞──	Mile -						Diam. Weight lbs./ft in. to 27 ft. depth Drive shoe? Yes No.
2	Тур	e and color of material			From	То	
E111 (2 1					7	8 Screen: Manufacturer Sunflower
<i>F1/1</i> S	And				<u> </u>	10	Type PVC Dia. 6"
DAKK	BIK	CIAY			6	10	Slot gauze
•	Brn	1.			10	18	Fittings:
17	On and	C > /					Gravel pack Yes No Size range of material — 9 Static water level:
L1,	MANY	SANO,	7		18	30	18 ft. below land surface Date 9-23-75
LT.	Bry	11 & -	Frave		<i>30</i>	47	10 Pumping level below land surfaces:
	·	,					ft. after hrs. pumping g.p.m ft. after hrs. pumping g.p.m.
							Estimated maximum yield g.p.m.
							11 Water sample submitted: Yes No Date
							12 Well head completion:
							Pitless adapter 12 Inches above grade
							- 13 Well grouted? X Yes No X Neat cement Bentonite D
							Depth: From ft. to ft.
							14 Nearest source of possible contamination: C. I. ft Direction EAST Type Sewer
							Well disinfected upon completion? Yes No
							15 Pump: Not installed
							Manufacturer's name HP Volts
							Length of drop pipe ft. capocity g.m.p.
							Type: ☐ Submersible ☐ Turbine
							Jet Reciprocating
14 5 1 1 2	· · · · · · · · · · · · · · · · · · ·	a second sheet if needed)		<u> </u>			Certrifugal Other 17 Water well contractor's certification:
16 Remarks: elevation	on						This well was drilled under my jurisdiction and this
Tana ar L							report is true to the best of my knowledge and belief.
Topography:							Business name Subject Control License No.
☐ Slope							Address Balleton Date -
Upland Valley							Signed Date Date Date

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

Form WWC-5