ISE TYPEWRITER OR BALL OINT PEN-PRESS FIRMLY, RINT CLEARLY.	PRESS FIRMLY,					T R EW sec 1/4 1/4 1/4 No. Kansas State Dept. Of Health (Water Well Contractors) Forbes-Bidg. 740 Topeka, Kansas 66620		
County	Township name	Fraction SW-NE-SE	Secti	ion numbe	r	Town number	Range number	
Distance and direction from nearest town or ci	Wichita			6		T- 27- 9 L Mite	S RIE	
Street address of well location if in city:	Same	, Add	ress:		5 0	Porter hita Ks	67204	
ocate with "X" in section below: N	Sketch map:	age lin				Well diameter <u>9</u> ir	· · · · · · · · · · · · · · · · · · ·	
		3	×			Cable tool Rotary	Bored Reverse rotary	
w					6	Use: Domestic Pu Irrigation Ai Test well D	blic supply 🔲 Industry r conditioning 🗌 Commercial	
			ł			Casing: Material RM Threaded 🗌 Welded [Surface 13 in.	
S Porter						Diam. Sluck Letin. to 24 ft. dep in. toft. dept	th Drive shoe? Yes XNo	
Type and color of material			From	om To	7	Screen: Manufacturer Syn-	inflower	
Corse : fine Sand 9'.				24'		Type <u>RMP</u> Slot/gauze <u>075</u> Set between 24 ft. a	Dia Length/	
Corse q	ravel		34'	34'		Fittings:	No Size range of material	
						Static water level: ft. below land surf	race Date 6-25-77	
2					1.		surfaces: hrs. pumping g.p.m. hrs. pumping g.p.m.	
					£	Estimated maximum yield Water sample submitted:		
						Well head completion:		
						Pitless adapter Vefil grouted?	No	
······						Depth: Fromft. to Nearest source of possible	contagination: Sewer	
	· · · · · · · · · · · · · · · · · · ·				<u> </u>	it. <u></u> Direction Well disinfected upon com	pletion? Yes No	
					, I	^p ump: Manufacturer's name Model number	HP Volts	
						ength of drop pipe ype:	ft. capacity g.m.p.	
(use a second sheet if needed)						_] Submersible _] Jet _] Certrifugal	L Turbine Reciprocating Other	
Remarks: elevation				•	17 V	Vater well contractor's cer his well was drilled under	tification:	
Topography: Hill					W	<u>nitchurch We</u>	my knowledge and belief. II Serv. 309	
Slope Upland Valley DRSEM	ent w	ell		<u> </u>	· 4	Address 520 Gigned Authorized representation	James St. MA: 7 L. St. MA: 7 St. MA: 7 St	
ward the white, blue and pink copies to the K	ansas State Dept. Of Heal	th.					Form WWC-5	

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