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

7 R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD KSA 82a-1201-1215 Kansas State Dept. Of Health (Water Well Contractors) Forbes–Bldg. 740 Topeka, Kansas 66620

		_							
1 Location of well:	County	Township name Colfax	Fraction		ion numbe	•	Town number	Range number	
1 Location of well:	Wilson	COLLAX	METALLEY KE	4 2	2		27	17	
Distance and direction	on from nearest town or	city:	3 o	wner of well		ine	ale.		
3 mi. west of chamite kan Street address of well location if in city: Address:						_			
Locate with "X" in section below: Sketch map:					Chanute Kan. 4 Well depth: 80 ft. Date of completio 9/4/				
27547-A-1-td-56						* w	Well diameter in.		
一 					Á	5 🖊 Cable tool 🗌 Rotary 🔲 Driven 🗌 Dug			
WE HOUSE NELL S DRAINA					3 /	6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial			
					GEA		7 Cosing: Material Treaded Threaded Melded Surface In. Diam. Weight Ibs./ft.		
					1 Mile				
2 Type and color of material					То		in. to 🚧 ft. dep	th	
dark s	oil			0	3		creen: Nanufacturer	and Lowe	
					 	т.			
yellow clay					10	Se	ot gauze 1/16 et between 38 ft. o	Length	
lite grey shale					20	Fi	ittings:	-	
lite grey shale					- 20			No Size range of material —	
dark shale					42	118	atic water level:ft. below land sur	face Date 9/3/7 5	
gravely sand s.o.w.					43	10 Pc	umping level below land	surfaces:	
sandy shale					49	-	ft. after	hrs. pumping g.p.m. hrs. pumping g.p.m.	
					+	Es	timated maximum yield	4 g.p.m.	
white shale					65		ater sample submitted:		
grev shale					80		Yes No (ell head completion:	Date	
<u></u>							itless adapter	Inches above grade	
					<u> </u>		ell grouted? Yes	□ No	
			•				Neat cement Bent epth::From C ft. to		
							earest source of possible		
						ı	. _80 _ Direction _1 'ell disinfected upon com		
					 	15 Pc		Not installed	
					ļ	м	anufacturer's name	7	
								_ HP Volts _ ft. capacity g.m.p.	
						<u>T></u>	pe:		
				+	-	_] Submersible] Jet	☐ Turbine ☐ Reciprocating	
	((use a second sheet if neede	ed)		<u> </u>	_] Certrifugal	Other	
16 Remarks: elevatio	an						ater well contractor's ce	* **	
						re	part is true to the best a	r my jurisdiction and this fray knowledge and balist. SELV 512	
Topography:						_			
∐ Hill □ Slope				٠		Bu A	siness name POPO	ro Kan License No.	
☑ Jupland							gned Was	21111 (Vate 9/1)	
☐ Valley							Authorized repr	esentati ve/	

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

Form WWC-5