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

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

WATER WELL RECORD KSA 82a-1201-1215



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

	County	Township name	.se cor	ner	Section	n number		Town number	Range number
1 Location of well:	Wilson	colfax	NE + OI		<b>2</b> -2	2		27	17e
Distance and direction from nearest town or city:  3 Owner of well:  Steve Finley									
Street address of well location Lin City:  Address:									
Locate with "X" in section below: Sketch map:						mute Kan.  4 Well depth: 50 ft. Date of completi 9/10/75			
N W WELL							Well diameter in.		
X Mos					ILE HOWE		5 Cable tool Rotory Driven Dug		
					-		6 Use: 📝 Domestic Public supply Industry		
W E AD RAIME GE					•		Outset   Domestic   Public supply   Industry		
	1 1 1		<b>&gt;</b>	<b>&gt;</b>				Test well	
	1 1 1							ing: Material <b>Dest</b> He eaded Welded Si	
MAS JUST SET HERE							Diam   Weight 21   lbs /ft		
2 WAS JUST SET HE						in. to ft. depth Drive shoe? Yes No			
	Тур	e and color of material			From	То	8 Scr		
Yellow clay					0	2	Ма	nufacturer Jess Lo	well "
shelly lime stone					2	9	Slo	e <b>266</b> 0 0	ngth /
						29	Cer	betweenft. and ings:	30 fr.
32-4					כ	23		vel pack Yes No S	ize range of material —
yellow sandy gravel s.o/w					29	34	9 Stat	ic water level:ft. below land surfoce	Date 9/9/7/5
grey shale					34	50	10 Pum	ping level below land surfa	ices:
								ft. after hrs. ft. after hrs.	pumping g.p.m.
								mated moximum yield $40$	
								er sample submitted: Yes \times \text{No Dote}	
								I head completion:	_
									Anches above grade
								l grouted?	
							Dep	th: From 🗘 ft. to 🗴	6 ft.
								rest source of possible cont	
								l disinfected upon complet	ion? 🖊 Yes 🗌 No
							15 Pum Mar	p:  Mufacturer's name	Not installed
							Mod	del number HF	Volts
							Leng Type	gth of drop pipe ft. e:	capacity g.m.p.
								Submersible	Turbine
	(use	a second sheet if needed)					=	Jet Certrifugal	Reciprocating Other
16 Remarks: elevation								er well contractor's certific	cation:
								well was drilled under my ort is true to the best of my	'
Тородгорну:								Cummings We	1 Serv 312
☐ Hill Slope								ness name Iress Toronto	License No.
Upland							Sign	I he de suite h	41110
☐ Valley								- Aurnorized Pepreson	iditve
Forward the white h	ue and nink conies to the b	Cansas State Dent Of Hea	dth.						Form WWC-5

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