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

WATER WELL RECORD KSA 82a-1201-1215

ш_			
T	R	EW	sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health (Water Well Contractors) Forbes-Bldg. 740

	NUT SEO-NED						Topeka, Kansas 66620				
1 Location of well:	County	Township name	Fraction		ection r			Town number	Range number		
	Drown		WELL ALLOW	Stuly	-X-	9 		2	17		
Distance and directi	ion from nearest town or c	ity: 13th + PoTT	AWATOMIE 3	3 Owner of	well: 3ナh	wil	de	Tool Co.			
Distance and direction from nearest town or city: 13th + Pottawatomie 3 Owner of well: (u) 13th + Street address of well location if in city: west Side Klaustha Address:							restha, Ks. 66434				
Locate with "X" in section below: N Sketch map: Rec. Pord								4 Well depth: 79 ft. Date of completion Well diameter 14 in. 5-7-79			
RR 7 1 Tool					Plant			5 Cable tool KRotary Driven Dug			
N RR Tool Plant							6 Use: Domestic Public supply Industry				
w							☐ Irrigation ☐ Air conditioning ☒ Commercial ☐ Test well ☐				
								7 Casing: Material Height: 650% below Threaded Welded Isurface 24 in. Diam. Weight 3.5 blbs./ft 6 in. to 79 ft. depth Drive shoe? Yes No			
S Mile											
2 Type and color of material						То	=	in.toft.depth	,280 WAIL		
Ton Sall					9 2	4	8 Sc M	reen: anufacturer Puna. pe Pic D	0 / 1		
Top Soil					\neg	35	ব্য	pe	ength <u>20 '</u>		
Yellow Corse Sand- Med Gracel						37	Fi	ttings: ravel pack XYes No:	1030		
Yellow Clay				3		48	9 Sto	atic water level:	_	1	
Yellow Med. Broad					_	53	10 Pu	ft. below land surface	faces: Air Tex,+	1	
Yellow Fine Sand						70	_	ft. after hrs ft. after hrs.	pumping g.p.m.		
Yellow Conse Sand						75	11 W	imated maximum yield <u>40</u> ater sample <u>sub</u> mitted:	g.p.m.	1	
Vellow Pea Gravel					5 8	84		Yes No Date ell head completion: 72		$\frac{1}{1}$	
- Blue Clay uf Gray Chart Grand						90		☐ Pitless adapter			
Gray himestone				9	0 9	92	Z	Neat cement Bentoningth: From 5 ft. to	 te		
	Cruy & Ro			9)	2 9	79	14 N	earest source of possible co	ntamination Received to	朴 /	
								ell disinfected upon comple	'/pe		
							15 Pu	mp: anufacturer's name	Not installed	١.	
		<u>, , , , , , , , , , , , , , , , , , , </u>					М	odel number <u>554XP</u> F	IP <u>5</u> ∨olt ⊫23 0	\	
								ngth of drop pipe \$25 f	t. capacity 20 g.m.p.		
								Submersible [Jet [Turbine Reciprocating		
	(0	se a second sheet if needec	1)] Jet [] Certrifugal [Other		
16 Remarks: elevat	tion							ater well contractor's certif			
1122 11	75 oto		. 2	_				is well was drilled under my port is true to the best of my	•		
Topography:	C- NIII		well #	3			51	RADER Dela C	5 Inc 182	-[
Hill Slope								siness name ddress RT1 1401701	n K5 License No.		
Upland Valley								gned De Class Authorized represe	ntative Date 5-9-7	9	

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

BR = 1032

V = +077

Form WWC-5