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

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

WATER WELL RECORD
KSA 82a-1201-1215

WE SW VE

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

County	Township name	Fraction		Section	on number	33;	Town number	Range number
1 Location of well: Marshall	#2	At Gua	roler	} `	33		AT2S	R7E
Distance and direction from nearest town or city: 3 Owner of well: NORMAN KRAEMER 400 South 10th								
Street address of well location if in city:	LOO Soveth 10? Drysville,	1/2011	Addre	ess:			nervsville	Kenses
Locate with "X" in section below:	Sketch map:	(enser					I depth: _38 ft. Do	
N							l diameterin.	19 7
								Driven Dug Bored Reverse rotary
							Domestic Public	supply Industry
W E							☐ Irrigation ☐ Air cor	nditioning Commercial
11-4-1						7 Casi	ing: Material Plastic He	eight: above below RMP
<u> </u>						Thre Dia		urface in. eight 250 lbs./ft
1 Mile						_6	Lin. to 🌃 ft. depth Di	
2 Тур	e and color of material			From	То	8 Scr	in. toft. depth !	
Too Soul	· .			\bigcirc	18	Mai	nufacturer Jessy e Plast & RDP	
e i Cia				<u> </u>	9/	Slo	r/gauzelb Le	ngth
DIUE LAY				<u> </u>	2/		between 35 ft, and a	23 ft.
YEllow Rock				<u>t/</u>	23	Gra	vel pack 🛛 Yes 🗌 N 🕡	ize ange of material
Blue Shale			ķ	33	30	9 Stat	ic water level: t. below land surface	Date 14/4 23-75
Clay with white	Rock			30	35	10 Pum	ping level below land surfa	ces: Bucketed
Hood Rock (GORNA			35	38		ft. after hrs.	
	<u> </u>				25		mated maximum yield	g.p.m.
						11 Wai	rer sample submitted: Yes X No Date	
						_	l head completion: Pitless adapter	Inches above grade
							-	No No
						120	Neat cement Dentonit th: From Left. to L	•
						_	prest source of possible con	
						ft. We	Direction Direction Direction	Type pipe
						15 Pum	ıp:	Not installed
						1	nufacturer's name del number H	P Volts
						ł	gth of drop pipe ft	. capacity g.m.p.
						Typ		Turbine
(use	e a second sheet if needed)						Jet Certrifugal	Reciprocating Other
16 Remarks: elevation			i		1		er well contractor's certifi	
1155						l	well was drilled under my ort is true to the best of my	· 1
Topography:						3	rades Driele	na co 237
☐ Hill ☐ Slope						Busi Add	ness name fress Blue Rah	License No.
Upland Valley						Sign	ned Authorized represer	nade Date 7/23
Forward the white, blue and pink copies to the	Kansas State Dept. Of Hea	ılth.						Form WWC-