USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY
PRINT CLEARLY

WATER WELL RECORD KSA 82a-1201-1215

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

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

1 Location of well:	CRAWFORD	Township name	Fraction NE Y4,1	1EVA,	Section	number 2_1		Town number	Range number 24 日
Distance and directi	on from nearest town or cit		i of		of well:	Ci	7~	OF GIRARD	
Street address of well location if in city: Address: Address:						rard, Kansas			
Locate with "X" in s	section below:	Sketch map:		TEEK.				I depth: 1165 ft. Do	te of completion 4/7/70
	x	Sketch map:	Low	, (C.	WE		5 🔲	Cable tool Rotary Hollow rod Jetted	
w	E						6 Use:	Domestic Public Irrigation Air cor	supply Industry ditioning Commercial
	·	GIRARD						ing: Material TEEL He	rface 36 in.
 	S 1 Mile			4		N	Dia 10	m. Lin. to 145 t, depth Dr	eight 40.48 lbs./ft ive shoe? Yes X No
2	Туре	e and color of material			From .	То	8 Scre	en: HONE	
							Mar	nufacturer Di	
							Slot	t/gauze Ler between ft. and	ngth
							Fitt	ings: vel pack Yes No S	
							9 Stat	ic water level:	
							10 Pum	ping level below land surfa 47 ft. after 24 hrs. 48 ft. after 24 hrs.	ces: pumping 732 g.p.m.
			<i>a</i> '				Estir	mated maximum yield	g.p.m.
							11 Wat	er sample submitted: Yes No Date	<u>4617</u> 6
									Inches above grade
							X.	Igrouted? XYes [Neat cement ☐ Bentonite th: Fromft. to 7	No
							#.	rest source of possible continued in the property of the prope	TH Type REEK
							15 Pum		Not installed
							Mod	del number HF gth of drop pipe ft.	
							Тур	e:	Turbine
	(use	a second sheet if needed)					=	Jet Certrifugal	Reciprocating Other
16 Remarks: elevation APPROY. 950'						17 Water well contractor's certification: This well was drilled under my jurisdiction and this			
Topography:							repo	ort is true to the best of my	knowledge and belief.
☐ Hill ☐ Slope ☑ Upland							Busi	ness name Iress Ansak GIT	License No.
☐ Valley								Authorized represen	del ve

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

Form WWC-5