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

## WATER WELL RECORD KSA 82a-1201-1215

				1
Ť	R	EW	sec 1/4 1/4 1/4 No	

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

	County Township name Fraction Section no		on numbe	7	Town number	Range number	]				
1 Location of well:	Cowley	Walnut	NE /4 N	E14 N	14	3 <b>3</b>		т 32	\$X 4 B		
Distance and directi	on from nearest town or cit	y: in town		3 Owne	r of well	: I	Hubert Greeley				
Street address of well location if in city: 1921 Andrews, Winfield								1921 Andrews			
								ield, Kansas		76	
Locate with "X" in s	ection below:	Sketch map:						II depth: <u>60</u> ft. D II diameter <del>10</del> in.	ate of completion	1.0	
	1 1 1								7p.: 🗆 p	1	
	! ! !						5				
 							6 Use: Domestic Public supply Industry				
w  ! <b>iX</b>   <sub>E</sub>							O Use:				
	; ; ;   _						Test well				
	'!						7 Ca	sing: Material RIP H	eight: above/below	1	
	i i i						Th	readed Welded S	urface 14 in.	1	
1	S I						Threaded Welded Surface 155 in. Weight 100				
1	-1 Mile						•	6 in. to	rive shoe? 🗌 Yes 📫 No	·	
2	Туре	and color of moterial			From	То		in. to ft. depth !		4	
							8 Sci	reen: inufacturer <b>Open</b> ]	hole		
Top soil					0	22		pe D			
as#+ lim	a stone				22	23	Slo	ot/gauze Le	ngth		
soft lim	8 8 fOUG				~~	2)	1	between ft. and _	ft		
black she	ale				23	24		tings: avel pack 🗌 Yes 🔲 No S	ize range of material		
								tic water level:	inze range of material	1	
limestone	8				24	32	7 310	ft. below land surface	Date2_20-76		
mad abal	_				32	45		nping level belaw land surf		1	
red shale						·	_	ft. after hrs.	pumping g.p.m.		
3/4" grav	rel				45	60		ft. after hrs.			
								mated maximum yield	<b>∠</b> 2₀.p.m.	4	
				····			_	ter sample submitted: Yes <b>T</b> No Date			
				- 1				Yes No Date  II head completion: NO	******	W	
		,,						·	Inches above grade	91	
									¬ No	۱ ۲	
								Neat cement Bentonit			
							Dep	oth: From ft. to	10 ft.	1.	
							14 Ne	arest some of possible con	tamination:	1	
							ft. We	BO Direction BII disinfected upon complete	ion? Yes No	W	
							15 Pun		Not installed	1 `	
				1				nufacturer's name	77 Installed	l u	
							Мо	del number Hi	Volts	, •	
									. capacity g.m.p.	W	
							Typ □	_	Turbine		
							_	Jet [	Reciprocating		
	(use	a second sheet if needed)						Certrifugal	] Other	1 6	
16 Remarks: elevation	on						17 Wa	ter well contractor's certific	cation:	W	
							This	well was drilled under my	jurisdiction and this	3,	
Topography:							гере	ort is true to the best of my		100	
Hill							R	Eastman Drill		Ι .	
Slope								dress Box 115	Winfield, Ks	100	
Upland						Signed Signed Date 3					
<b>∡</b> ∨alley								Authorized represen	tative		

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

Form WWC-5