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

WATER WELL RECORD KSA 82a-1201-1215

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1	ı	₹	ĿΨ		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: Cowley	Jownship name Pleasent Valley	nw nw n	W Section	n number		Town number	Range number
Distance and direction from nearest town or ci 1 M South & M West Street address of well (Scation if in city: Sur	ty:	3	Owner of well	Gary		, Kansas R.R	
Cocate with "X" in section below: X		MEADOWLA OUSE- Slope Shed		_/	5 K	Cable tool Rotary Hollow rod Jetted For Domestic Pub Trigation Air Test well —	Bored Reverse rotary
S Mile Type	pe and color of material		X From	€	Thr Dig	_ in. to ft. depth	Surface 2/11 in SCTI 155./ft Peight SCTI 155./ft Drive shoe? Yes No
Top soil Red clay		11111111111111111111111111111111111111	0 3	3	Ty _į Slo	een: nufacturer Pumpco ee	Dia
Lime wht. med. hard Blue shale med.	1		9 32	32 37	Fit Gr	tings: avel pack 🌁 Yes 🗌 N	o Size range of material
Green shale soft st		_	37 45	45 53	10 Pur Be	nping level below land s all ft Test Only — ft. after — h	urfaces: rs. pumping g.p.m. rs. pumping g.p.m.
Red Bed soft Light green shale so	oft		53 54	54 77	11 Wo	mated maximum yield ter sample submitted: Yes No Do II head completion:	10
Light tan sandy lime	e brkn (water	r zone)	77 85	85 95	13 We	Pitless adapter Il grouted? A Yes Neat cement Bento oth: From ft. to	Inches above grade No
Blue shale med. Total Depth			95	T.D.	14 Ne ft.	arest source of possible. Direction Il disinfected upon comp	Rentamination: W Type Septi
					Mo	inufacturer's name odel number	Not installed HP Volts ft. capacity g.m.p.
(us	e o second sheet if neede	od)			Ту _і		☐ Turbine ☐ Reciprocating ☐ Other
	pour concrete	e slab at t			Thi rep Bus	ter well contractor's cer s well was drilled under ort is true to the best of G & S Drilli iness name dress O E	my jurisdiction and this my knowledge and belief. 171 License No. Winfield, Ks. Date 6/14/

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

Form WWC-5