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

5/2/2/2 EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD KSA 82a-1201-1215

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

County Townshi				n number		Town number	Range number	
1 Location of well: WASHINGTON WAS	HINGTON 3	5E/4		5	<u> </u>	783	RJF	
Distance and direction from nearest town or city: 23 Mills WEST 3 Owner of well: LESTER BEKEMEYER Street address of well location if in city: Address: Rewrite Route Address: Rewrite Route								
Street address of well location if in city: Address:				BUR	RAL POUTE			
Locate with "X" in section below: Sketch map:			4 Well depth: LIQ ft. Date of completion 9/2					6/75
N	skeren map.	/	C 1			ell diameter in.	are or compression 4	7
			12		_	= =	Driven Dug	
11	DR	AIN	K	-			Bored Reverse rotary	
w			117		o Us	e: Domestic Public	inditioning Commercial	
IRAON -100'			ı.			Test well		
	DAEN	-	> Ø			nsing: Material PLAS Preaded Welded S		
s			WE	LL	D	iam. !V	Veight lbs./ft	
→ 1 Mile →						5 _ in. to //// ft. depth [in. to ft. depth	Orive shoe? Yes No]
2 Type and col	or of material		From	То	٠.		1	1
TOPSOIL			1	3	P.	anufacturer LERTH	IN 1 220	
BROWN LINY			3	N i		of gauze 1/16"	ength 30'	
DROWN CLAY			3	14		t between 46 ft. and	<i>90</i> ft	1
GRAY CLAY			16	19	G	ravel pack 🛛 Yes 🔲 No	Size range of material	4
SANDY CLA	19		19	25		atic water level; (3) It. below land surface	Date 9/26/75	1
SANDROCK			25	110		umping level below land sur		
5708			110		1	ft. after hrs.	pumping g.p.m.	
3707			170			timated maximum yield	00 g.p.m.	-
			<u> </u>		_	ater sample submitted. Yes No Date	e	
	-					'ell head completion:		1
							Inches above grade	-
						ell grouted? Yes Neat cement Bentoni	No ite	
			1	<u> </u>	D	epth: From 🔑 ft. to	LO ft.	(
					14 N	learest source of possible co	ntamination: 1257 Type 407	1 W
						Vell disinfected upon comple	etion? Yes No	
					15 P	ump: Nanufacturer's name	Not installed	
				 -	٨	Model number		W
			-	-	-	ength of drop pipe	ft. capacity g.m.p.	ITT
] [Submersible	Turbine	
(use a secon	d sheet if needed)					Jet Certrifugal	Reciprocating Other	
16 Remarks: elevation				 	/ater well contractor's certi		1.	
					t t	his well was drilled under m eport is true to the best of m	• •	5
1 2 6 5 Topogräphy:						50 COX 4-5	CNS/NC 750	
☐ Hill ☐ Slope —						usiness name	License No.	1 / 12
Opland				1 .	igned Authorized repres	Date 9/2	7/75Ki	
Valley						Authorizad repres	Form WWC-	i K

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

Form WWC-5