WATER WELL RECORD KSA 82a-1201-1215

not found in 2rd visit

ı	R	EW	sec	1/4	1/4	1/4	No.
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Kansas State Dept. Of Health (Water Well Contractors) Forbes-Bldg. 740

MENESE			Topeka, Kansas 66620			
1 Location of well: Brown Mission Fraction  Mission 52 NE 4	Section	on number	Town number Range number 16 E			
Distance and direction from nearest town or city: / Mi. S - / Mi W 3 Own	ner of well	. V.O	M USD 510			
	dress:	P.o.	Box105 PowHAttan, Ks.			
Locate with "X" in section below:  N	150' X		4 Well depth: 14C ft. Date of completion			
S   Mile			Diam.   Weight <b>2.3</b> J lbs./ft   in. to ft. depth Drive shoe? ☐ Yes ☐ No			
2 Type and color of material	From	То	in. toft. depth			
Top Sail	0	3	Manufacturer Pump CO Type PVC Dia. 54			
VELLOW CLAY	3	7	Slot/gauze Length			
Gray Shale	7	25	Fittings:  Gravel pack X Yes No Size range of material —			
-RED Shale	25	3¢.	9 Static water level:ft. below land surface Date			
Grey Shale	30	47	10 Pumping level below land surfaces: ft. after hrs. pumping g.p.m.			
BLK "	47	48	ft. after hrs. pumping g.p.m. Estimated maximum yield g.p.m.			
Gray	48	56	11 Water sample submitted:			
BLue "	56	77	12 Well head completion: _#			
Sand Stone	77	86	☐ Pitless adapter 24 ☐ Inches above grade  13 Well grouted? X Yes ☐ No			
Lime Stone	86	88	Neat cement Bentonite Depth: From ft.			
Dhur Shale	88	119	14 Nearest source of possible contamination: ft. 300 Direction West Type feed to			
G. him & STONE	119	123	Well disinfected upon completion? Yes No  15 Pump: Not installed			
Bhue shale	123	140	Manufacturer's name HP Volts			
	-		Length of drop pipe ft. capacity g.m.p.  Type:			
			Submersible Turbine Det Reciprocating			
(use a second sheet if needed)  16 Remarks: elevation  Topography:  Hill  Slope  Upland	1.		Certrifugal  Other  17 Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.  Strader Drilling G. Fac.  Business name Address Signed Authorized representative  Date 4475			

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

Form WWC-5