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

WATER WELL RECORD KSA 82a-1201-1215

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	<del></del>	. <del>L L</del>			
T	R	EW	sec 1/4	1/4 1	/4 No.

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

	NWSWA	JE			Kansos 66620
County Township name	Fraction	Section	on number	Town number Ran	nge number
1 Execution of well: marshall waterout	NEXSWXNY	2 2	(3		6 E
Distance and direction from nearest town or city:	3 Owne			evry Hedke	
Street address of well location if in city:	Addr	ess: R	FD.	1 waterville,	Kans
Locate with "X" in section below: Sketch map:				4 Well depth: 100 ft. Date of Well diameter 30 in.	f completion <u>5 -</u> 7 - 71
				5 Cable tool Rotary Driv	
w     E				6 Use: Domestic Public suppl	y Industry
				7 Casing: Material Height:	
s				Threaded Welded Surface	
2 Type and color of material		From	То	in. toft. depth Drive s	hoe? Yes No
Top soil		0	3	8 Screen:  Manufacturer  Type Dia	Drugolov
Brown Clay		3	10	Slot/gaoze / 100 Length Set between 25 ft. and 101	) fr
Red clay		10	34	Fittings: Gravel pack Yes No Size ro	<i>%なな</i>
fine Red Sand		34	40	9 Static water level: 10 ft. below land surface Date	<u>5-9-11</u>
medium course &	and	40	63	10 Pumping level below land surfaces: ft. after hrs. pump	oing g.p.m.
Brown clay	<del>-</del> 0	<u>63</u>	70	ft. after hrs. pump Estimated maximum yield	
Course Land & gran	uel	20	102	11 Water sample submitted:	
Shale		102		12 Well head completion:	
				☐ Pitless adapter ☐ Inct  13 Well grouted? Yes ☐ No	hes above grade
				Neat cement Bentonite  Depth: From ft. to	]
				14 Nearest source of possible contamin ft. 200 Direction	atten:
				Well disinfected upon completion?	Yes No
				Martufacturer's name Acester	Lind rowlar
				, -	pacity & Og.m.p.
				Type: ☐ Submersible	bine
(use a second sheet if neede	d)			☐ Jet ☐ Rec ☐ Certrifugal ☐ Oth	ciprocating N
16 Remarks: elevation	<u> </u>			17 Water well contractor's certification	n: (N
171				This well was drilled under my jurisc report is true to the best of my know	diction and this
Tópdgraphy! □ Hill				Blue Valley Chil	License No.
Slope  Upland				Address Bus Cape	Date U
Depoint				Authorized representative	FUED     \$1