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

WATER WELL RECORD KSA 82a-1201-1215

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

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Fraction TRAC T County Township name Section number Town number Range number 1 Location of well: E 4 12 65 14
3 Owner of well: Richard Arms Trong Tefferson Distance and direction from nearest town or city: 9 N.W. Hollon KS. Address: RFD 3 HolTon, Kans as 66436 Street address of well location if in city: 4 Well depth: 103 ft. Date of completion6-13-75 Locate with "X" in section below: Sketch map: Well diameter ______ in. 5 Cable tool Rotary Driven Dug
Hollow rod Jetted Bored Reverse rotary 6 Use: Domestic Public supply Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial Test well 7 Casing: Material PUC Height: above/below Threaded Welded Surface 24 in. Weight 2.33 lbs./ft. 5 in. to 123 ft. depth Drive shoe? Yes No ____ in. to ____ ft. depth 2 Type and color of material 8 Screen: Manufacturer Pump Co TOO Soi 38 Set between **70** ft. and **20** ft Gravel pack X Yes No Size range of material 9 Static water level: NoT Measured ____ ft . below land surface Date 10 Pumping level below land surfaces: Air Tes 7 _____ ft. after _____ hrs. pumping ___ _____ ft. after _____ hrs. pumping _ Estimated maximum yield _____ a.p. Yellow Sand - Fine sand + Boulders GRAVEL + Boulders 11 Water sample submitted: No Date _ 12 Well head completion: CAPPED 80 Pitless adapter 24 🛽 Inches above grade se GRAVEL 13 Well grouted? X Yes □ No Neat cement Bentonite Depth: From ____ ft. to ____ ft. 14 Nearest source of possible contamination: ft. 250 Direction V.E. Type S. Tank Well disinfected upon completion? X Yes Not installed 15 Pump: Manufacturer's name _ ___ HP _____ Volts Model number ___ Length of drop pipe _____ ft. capacity ____ g.m.p. Type: Submersible ☐ Turbine ☐ Jet Reciprocating Certrifugal Other (use a second sheet if needed) 17 Water well contractor's certification: 16 Remarks: elevation This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. IIIH 🔀 Slope Signed Wale askru Upland Authorized representative ☐ Valley

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

Form WWC-5