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

WATER WELL RECORD KSA 82a-1201-1215

nab

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka , Kansas 66620

			:- 40	•				,		
	ocation of well:			Section	number	Township number Range number				
1. Location of well:	JACKSON	1/4 NE 1/4NE	1/4		7	т 6	0	R 15	O w	
2. Distance and direction from nearest town or city: 6 N Street address of well location if in city: 1 w 1401700, 175.				3. Owner of well: LARRY TANKING R.R. or street: RR III City, state, zip code: HOLTON - 66436						
4. Locate with "X" i		Sketch map: Well X 150				6. Bore hole dia. L. Well depth \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ft. Rotary Jetted C Pub	Completion date	Dug Reverse rotary Industry	
- SW S	ile ————————————————————————————————————	1 /ors			1 -		PUC PUC ed QL Qft. depth	Height: bove Surface Weight Arthurs	Other or below in. lbs./ft. inches or	
5. Type and color of	material			From	То	10. Screen: Manufac	turer's na	me		
	Clay sand			0	10	Ixpe IV		. Dia 5		
	Per graves			10	22		<u>60 </u>	t. and & id	> 0 ft.	
Clay BROWN				22	60	Gravel pack?				
	Fine Sand-Co	ulso sand		60	73	Static water leve	land surf	ace Date 8	mo./day/yr.	
	Clay, BIJE			73	100	12. Pumping level be ft. after _			g.p.m.	
>						ft. after	hr	s. pumping	g.p.m.	
						Estimated maximum y			mo./day/yr.	
						Yes 14. Well head compl Pitless adapter	etion:	ate C4 P 24 Inches ab	ove grade	
						15. Well grouted?	nent _ ft. to _	15 ft.		
						16. Negrest source of ft. 150 Direct Well disinfected upo				
						17. Pump: Manufacturer's name		≠ Mot install	led	
***************************************						Model number Length of drop pipe . Type:		_ HP _ ft . capacity		
	(Lise a second	d sheet if needed)				Submersible Jet Centrifugal		Tur Red Ot	ciprocating	
18. Elevation: 19. Remarks:						20. Water well contr		ertification:		
Topography:					This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. STRAGER ORIGINAL License No. Address RT HOTON Signed Authorized representative					
Valley						Author	ized repre	esentative		

Forward the white, blue and pink copies to the Department of Health and Environment

8 BR< 1010

= 1054

Form WWC-5