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

WATER WELL RECORD KSA 82a-1201-1215

	1		R	EW		sec	1/4	1/4	1/4	No.

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

		NENE						
	nship name ear reek	Fraction	4	Section	n number		Town number	Range number \mathcal{GE}
Distance and direction from nearest town or city:	11. West of	Blaine	3 Owner	of well	Jo	o e	Quieg	ly
Street address of well location if in city:			Addre	ess:	B/g	in	e Mar	7 S.
Locate with "X" in section below:	Sketch map:					4 Wel Wel	Il depth: 106 ft. D	ate of completion $3-3+7$
×						5 💢	Cable tool Rotary Hollow rod Detted	Driven Dug Bored Reverse rotary
w E							Test well	nditioning Commercial
						T Gr	ing: Material PVC -	urface in.
2				_		25	Th. to / ft. depth [Veight 250 lbs./ft Orive shoe? X Yes \ \ \ \ No
Type and	color of material			From	То	8 Scre	een: nufacturer Pum	oco
Brown Clay		-		0	35	Тур	r/gauze S/07-86 L	10. 5" 1.D.
no no log	nater)	ever.	251	<u>35</u>	25	Set	between 106 ft. and.	46 ft
no log total d	epth		;	75	106		rings: avel pack XYes 🗌 No	Size range of material —
						9 Stat	tic water level: ft. below land surface	Date <u>8-3-75</u>
						10 Pum	nping level below land sur	faces:
						_	ft. afte	pumping g.p.m.
						11 Wat	ter sample submitted:	
						12 Wel	Yes No Date	
() () () ()						13 Wel	I grouted? 🔀 Yes	☐ No
/ Cr ere						X Dep	Neat cement Bentoni th: From # ft. to	Re []
Re	/					14 Nec	arest source of possible co	
						We	II disinfected upon comple	tion? X Yes
							nufacturer's name	Not installed
							del number t gth of drop pipe f	
						Тур		
(use a seco	and sheet if needed)					=	Jet [Certrifugal [Reciprocating Other
16 Remarks: elevation			•				ter well contractor's certif	1
							well was drilled under my ort is true to the best of my	'
Topography:					,		ness name of the	License No.
☐ Slope *** Stope *** Value ** Value *** Value ** Value *** Value ** Value ***						Add	ned Muthorifed represe	Date 9-1-7

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

Form WWC-5