USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY
PRINT CLEARLY

WATER WELL RECORD 3 BA

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

			VI 110	N HIW	i		Topeka, Kansas 66620			
County Township name			Fraction Section number			n number	Town number Range number			
1 Location of well:	ATchieras	BenTON	NW 1			13	7 /85			
Distance and direct	tion from nearest town or cit		1 W	3 Owner			1 LuTz			
		on Ton ville	ks.	Addre	ess: F	PFD	Non Tonu. 11e, Ks			
Locate with "X" in section below: Sketch map:						-O	4 Well depth: 84 ft. Date of completion 7-3-75 Well diameter 10 in.			
	X-			X			5 Cable tool 🔏 Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary			
w							6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial Test well —			
							7 Casing: Material PUC Height: above/			
	S Mile		and the second s				Diam. Weight 2.33 lbs./ft 5 in. to 24 ft. depth Drive shoe? ☐ Yes ☑ No			
2	Тур	e and color of material			From	То	in. toft. depth 8 Screen:			
70	Sp Soil				0	4	Manufacturer Pump co Type Puc Dia. 5"			
	ROWN CI	Ay			4	24	Slot/game			
COAR	se sand -	to medium	GRAU	eL	24	27	Fittings: Gravel pack X Yes No Size range of material			
Blu	ie Clay			ļ	27	80	9 Static water level: NOT MEASURED			
81	ue Sha	le J			80	84	10 Pumping level below land surfaces: AiR TesT			
							ft. after hrs. pumping g.p.m ft. after hrs. pumping g.p.m. Estimated maximum yield g.p.m.			
							11 Water sample submitted:			
							12 Well head completion: CAPPed			
							☐ Pitless adapter 24 ☑ Inches above grade 13 Well grouted? ☑ Yes ☐ No			
							Neat cement Bentonite Depth: From Depth: F			
							14 Nearest source of possible contamination: ft. 20 Direction 2 Type 2 And 5 Well disinfected upon completion? 2 Yes No.			
							15 Pump: Not installed			
							Manufacturer's name HP Volts			
	16.1						Length of drop pipe ft. capacity g.m.p. Type:			
		e a second sheet if needed)				Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Certri fugal ☐ Other			
16 Remarks: eleva	· · · · · · · · · · · · · · · · · · ·	A ASCORM SINCE IT HERDED	,				17 Water well contractor's certification:			
4 / 1 / 1							This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
Topography:							STRAder Dalg Co. Inc 182			
☐ Hill Slope							Business name Address PFO Holton KS			
Upland Valley							Signed Authorized representative			

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

Form WWC-5