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

T	R	FW	sec 1/4 1/4 1/4 No.

WATER WELL RECORD KSA 82a-1201-1215 Kansas State Dept. Of Health (Water Well Contractors) Forbes-Bldg. 740 Topeka, Kansas 66620

			5414.	55.4	_		Forbes-Bldg. 740 Topeka, Kansas 66620
	County	Township nome	Froction	<u> </u>		n number	r Town number Range number
1 Location of well:	CLAY	BLOOM	SE-4			30	7 15 R2E
Distance and direction	on from nearest town or c	14: 6-41 2	·- N	3 Owner	of well	PA	UL PFIZENMAIER
Street oddress of wel	I location if in city: A	4 6-W, 2 4 CENTE	e				94 CENTER, KANSAS,
Locate with "X" in s	ection below: N	Sketch map:					4 Well depth: 12 ft. Date of completion 8/24/75 Well depth: 8 in. BORES/ZE
	l						5 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary
w	! E						6 Use: Operation Public supply Industry Information Commercial
	 						7 Casing: Material PUL Height above below
<u> </u>	S Mile						Threaded Welded Surface 12 in. Diam. Weight 3 lbs./ft.
2		pe and color of material			From	То	in. toft. depth
	TOPSOIL	- BLA			0	7	8 Screen: Manufacturer VESS + NWELL PUN SI
		CCA4			2	32	Stot/gauze Dia. 5" Set between 72 ft. and 52 ft.
	ROCK				1 32	34	Fittings: Gravel pack Xyes No Size range of material X
	GREEN				34	68	9 Static water level: 50 ft. below land surface Date 8/24/75
	GRAVEL				68	70	10 Pumping level below land surfaces:
_	GRAY	CLAY			10	74	ft. after hrs. pumping g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield g.p.m.
	Ste	P			24	,	11 Water sample submitted:
						-	12 Well head completion: Pitless adapter Inches above grade
							13 Well grouted? Yes No Neat cement Bentonite —
	 						Depth: From 3 ft. to 3 ft.
			···				ft. 200 Direction Type Well disinfected upon completion? Yes No
							15 Pump: Not installed Manufacturer's name
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			"				Madel number HP Volts Length of drop pipe ft. capacity g.m.p.
							Type:
	(use	e a second sheet if needed)					☐ Jet ☐ Reciprocating ☐ Certrifugal ☐ Other
16 Remarks: elevation	on						17 Water well contractor's certification: This well was drilled under my jurisdiction and this
Topographii							report is true to the best of my knowledge and belief.
Topography: ☐ Hill						4	Business name License No.
Slope Upland							Signed Das up frag Date & Date & Date
Valley							Authorized representative

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

Form WWC-5