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

sec 1/4 1/4 1/4 No.

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

WATER WELL RECORD KSA 82a-1201-1215

NWNE NU Topeka, Kansas 66620 Fraction Section number County Township name Town number Range number 1 Location of well: 3 Owner of well: Distance and direction from nearest Address: 4 Well depth: ft. Date of completion Well diameter in. Locate with "X" in section below: X Cable tool ☐ Rotary ☐ Driven ☐ Dug Hollow rod Jetted Bored Reverse rotary 6 Use: Domestic Dublic supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial Test well 7 Casing: Material PVC Height: above/below Threaded Welded Surface 24 in. Diam. Cenent Weight ____ lbs./ft.__ S in. to ## ft. depth Drive shoe? Yes No 1 Mile in. to ___ ft. depth Well From Type and color of material 8 Screen: Manufacturer Homan Uellow Fittings: Gravel pack 🔀 Yes 🗌 No Size range of material 🖊 Static water level: 32_ft. below land surface Date 10 Pumping level below land surfaces: _ ft. after _ ft. afte nrs. pumping _ Estimated maximum yield -Water sample submitted: ☐ Yes **X** N₀ Date 12 Well head comp Pitless adapte Inches above grade 13 Well grouted? Yes □ No Neat cement Bentonite

Depth: From ft. to ft. 14 Nearest source of possible contamination: Feed ft. 129 Direction South E. Type late. Well disinfected upon completion? Yes 15 Pump: Not installed Manufacturer's name Model number _ HP _ Length of drop pipe _ _ ft, capacity _ 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 1/05 Topography: Пніі Slope

Upland Valley Valley