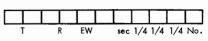
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD KSA 82a-1201-1215



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

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	County	Township name Fraction Sw'45w'4 NOV			Section number			Town number	Range number	
1 Location of well:	Leavenworth			0'45W4 ND4		1		95	21 E	
Distance and direction from nearest town or city: 4 W. OF 3 Owner of well: WILLIAM E-1604<										
Les vives to the street of the							5	Th. Kansas	66049	
Locate with "X" in section below: Sketch map:							4 Well depth: 100 ft. Date of completion			
N well							Well diameter in			
							Hollow rod Jetted Bored Reverse rotary			
W X 100							6 Use: Domestic Public supply Industry			
W 500710							☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☐			
							7 Casing: Material PVC Height: above below Threaded Welded Surface 24 in.			
S House							Diam. Weight 2821bs./ft.296			
→ 1 Mile → 1							5 in. to 1001. depth Drive shoe? Yes No			
2	Тур	e and color of material			From	То	0 5		2	
10	P 50/L				0	3	Ma	nufacturer ZUMPCO	ia. 5	
V4I2					3	2É	(SIA	nufacturer Pump Co be PVC. D Vgauze 1020 L between 20 ft. and	angth 20	
				_			Set Fit	tings: Yes No	,030×,060	
Coc	uhse Sand, 9 14le, 9rey	havel , wa Ter	bearin	19	28	30				
54	Ale, grey				30	100	7 310	tic water level: £ ft. below land surface	70-9-77 Date	
	·					8.1.8		nping level below land sur ft. after ——— hrs.		
							_	ft. after hrs.	pumping g.p.m.	
								mated maximum yield 2:	g.p 4	
								Yes No Date		
7-1							12 We	II head completion: C A Pitless adapter 29 [Inches above grade	
						-	13 We	Il grouted? Yes	□ No	
							De _i	Neat cement Bentoni oth: From ft. to 1	† <u></u>	
							14 51-			
							ft. We	Direction	Type SePTI tion? Yes No	
							15 Pur	mp: [Not installed	
		,				+	Mo		IP Volts	
						-	ł	ngth of drop pipef be:	t. capacity g.m.p.	
								Submersible	Turbine	
	(Use	e a second sheet if needed)					Jet Certrifugal	Reciprocating Other	
16 Remarks: elevation								ter well contractor's certif		
1110							This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
Topography: OWNEN TO INSTAIL SLAD								Ader Dela Co	Jac 182 License No.	
₩ Slope							Ac	Idress Hollon	K5 Leren 10-9-7	
Upland							Sig	Authorized represe	ntative Date	

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

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Form WWC-5