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

WATER WELL RECORD KSA 82a-1201-1215

| T | R | EW | sec | 1/4 | 1/4 | 1/4 | <u>.</u> |
|---|---|----|-----|-----|-----|-----|----------|

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

| Distance and direction from account whom an oilty. Sevent action is like contain if in city. Sevent action is like contain in contain in city. Sevent action is like contain in contain in city. Sevent action is like contain in contain in city. Sevent action is like contain in contain in city. Sevent action is like contain in contain in city. Sevent action is like contain in contain in city. Sevent action is like contain in contain in city. Sevent action is like contain in contain in city. Sevent action is like contain in contain in city. Sevent action is like contain in contain in city. Sevent action is like contain in contain in city. Sevent action is like contain in contain in city. Sevent action is like contain in contain in city. Sevent action is like contain in contain in city. Sevent action is like contain in contain in city. Sevent action is like contain in contain in city. Sevent action is like contain in contain in city. Sevent action is like contain contain in city. Sevent action is like contain in contain in city. Sevent action is like contain in contain in city. Sevent ac | 1 Location of well: | County | Township name | Fraction | . Mr. 161 | Secti | on number | г | Town number | Range number | | | |
|--|---|---------------------------|---|----------|-----------------------|-----------|-----------|---------------|---------------------------------|-----------------------|----------|--|--|
| Lecate with "X" in section below: 4 Well depth: #UT 70, Date of completion of Additionates - In 5 Cache host Instruction Date | | | | | | | | | | | | | |
| Lecate with "X" in section below: | Street address of well location if in city: Address: | | | | | | | | | | | | |
| S Cabb tool Determ Determined Determi | Locate with "X" in section below: Sketch map: | | | | | | | 4 Well | depth: 20 ft. D | | - | | |
| Intelliber roll Intelliber roll Intellic rought Intellic rought Intellic roll Inte | | | | | | | | | | Driven Dug | | | |
| | | | | | | | | | | | | | |
| 7 Cating Material PL ineight, Sequebelow Proceed will be a process of the process | w | E | | 6 Use: | ☐ Irrigation ☐ Air co | ··· = · | | | | | | | |
| Treaded Welder Starting 25 in. Weight Date 18. //. Sorten: Monitorities Mo | | | | | | | | 7 Casi | | eight: above/below | | | |
| Type and calar of material Type and calar of material From To In, to 20 1, depth Park Park Top sail Red and Red an | <u>L</u> | <u>i i i j</u> | | | | | | Thre | aded Welded IS | urface <u>30</u> in. | | | |
| Top acid Top acid Red avid Red av | <u> </u> | | | | | r | | 5 | _ in. to 201 ft. depth D | rive shoe? Yes No | | | |
| Red and Part Part Red and Part | 2 | Тур | pe and calor of material | | | From | То | 8 Scre | en: | | | | |
| Red Qual Red Qu | Top soi | l | | | | 0 | 4 | | | | | | |
| Secolar Second pack Seco | Red and | `e | | | | 4 | 20 | Slot | /gauze Stot Le | ngth | | | |
| Static water level: | Parls + | | | | | 20 | 25 | Fitti | ings: | 0 | | | |
| Second S | 4 01 | -00 | | | | | | 9 Stati | c_water level: | 1 | | | |
| Second | 2 0C | | | | | | | | | | | | |
| Estimated maximum yield 10 g.p.m. | a a | 70 a | | | | 30 | 77 | 128 | ≤ ft. after 🚢 hrs. | pumping/2 g.p.m. | | | |
| Colorador Colo | A D | Male | ., | | | 77 | 5/ | Estin | nated maximum yield 🕰 | | | | |
| Pitless adapter Inches above grade 13 Well grouted? Ves No Near cement Bentonite Depth: From 3 ft. to 25 ft. | Bock | Λ | · | | | | | _ | · | | : | | |
| 13 Well grouted? Yes No No Near Standard Near Stan | Real Sha | le | | | | 63 | | 1 — | · - | Inches above grade | 4 | | |
| Depth: From \$\frac{\text{ft}}{\text{ft}}\$. to \$\frac{25}{\text{ft}}\$. Ann norde | rock | ^ | | | | <i>78</i> | 82 | 13 Well | grauted? 🛛 Yes | N₀ | 9 | | |
| 100 118 118 118 124 124 124 125 124 125 124 125 | 2 Shang s | chale | | | | 82 | 94 | Dept | h: From 13 ft. to 2 | #. | ٧ | | |
| Well disinfected upon completion? | 7 | rek | | | | 94 | 100 | 14 Nea ft. | rest source of possible con | taminatian: | , | | |
| Manufacturer's name | Layar al | ale. | | | | 100 | 118 | Wel | disinfected upon complete | rion? Yes No | 2 | | |
| Length of drop pipe 190 ft. capacity 10 g.m.p. Type: July Ju | Dray re | nk | | | | 118 | 24/ | Man | ufacturer's name | pester Rain | 7e | | |
| 150 Submersible Turbine Jet Reciprocating Certrifugal Other | Le march | rale | VALUE AND A STATE OF THE STATE | | | 124 | 146 | Leng | yth of drop pipe 190 ft | | • | | |
| (use a second sheet if needed) Certrifugal Other | م مصرید | ock | | | | 146 | 150 | | _ | Turbine | Δ | | |
| Topography: Topography: Hill Slope Upland Valley This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Rest Excl. in July 100 A Business name. License No. Address Address Address Address Authorized representative | σ | (use | e a second sheet if needed) | | | | 700 | . = | = | | 6 | | |
| Topography: Hill Business name License No. Slope Upland Date 10/30/25 Valley Valley Valley Authorized representative Valley V | 16 Remarks: elevati | ion | | | | | | | | | . 1 | | |
| □ Hill Slope □ Upland □ Valley Business name Address Address Address Authorized representative Date 10/30/12 | Tanananah | | | | | | | repo | rt is true to the best of my | knowledge and belief. | 工 | | |
| Upland Signed Signed Authorized representative Authorized representative | □ніп | | | | | | | Busin | ness name | License No. | × | | |
| U variey V | Upland Signed Devices receiped to the state of the state | | | | | | | | Date 10/30/2 | M | | | |
| Form WWC-3 | <u> </u> | | Various State Dank Of U | lek. | | | - | L | Aumorized represer | | ₹ | | |
| \mathcal{E}° | rorwara the white, bi | ue and pink copies to the | nuisas siate Dept. Ot fied | | | | | | | C-DWW mio i | / | | |
| | | | | | | | | | | | 3 | | |

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



| | | | | | | | | |
|---|---|------|----|-----|-----|-----|-----|-----|
| | | | | | | | | 1 |
| 1 | ī | R | EW | sec | 1/4 | 1/4 | 1/4 | No. |

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

| 1 Locotion of well: | County | Township name Fraction | | | Section number | | | Town number | Range number | | | | |
|--|-------------------------------|---------------------------|--|----------|---------------------------------------|--------------|---------------------------------------|---|--|--|--|--|--|
| Distonce and direct | vner of well: Thompson Realty | | | | | | | | | | | | |
| Į į | | | | | | ddress: | | | | | | | |
| Locate with "X" in section below: Sketch map: | | | | | | | 4 Well depth: ft. D Well diameter in. | | | | | | |
| | 1 | | | | | | 5 | Cable tool Rotary Hollow rod Jetted | | | | | |
| w | | | | | | | 6 Us | e: Domestic Public Irrigation Air co | nditioning 🔲 Commercial | | | | |
| | | | | | | | | 7 Casing: Material Height: above/below Threaded WeldediSurface in. | | | | | |
| | 1 Mile | | | | | - | _ | in. toft. depth![in. toft. depth! | Veight lbs./ft Orive shoe? Yes No | | | | |
| 2 | Туро | e and color of material | | | From | То | 8 Sc | reen: | | | | | |
| rock | yllow | | | | 150 | 157 | Ту | pe [| ia | | | | |
| sed C | long | | | | /57 | 165 | Se | ot/gauze L t between ft. and | - | | | | |
| rock | yellow | | | | 165 | /7/ | | Fittings: Gravel pock ☐ Yes ☐ No Size range of m | | | | | |
| yres | Shale | | | *** | 171 | 184 | | 9 Static water level:ft. below land surface Date | | | | | |
| rock | yellon i | vatu | | | 184 | 188 | | mping level below land, sur —— ft. after ——— hrs. | | | | | |
| Gray | llale | | | | 188 | 192 | _ | ft. after hrs. | pumping g.p.m. | | | | |
| sock |) | | | | 192 | 196 | 11 W | ater sample submitted: | | | | | |
| Blue | Shale | | | | 196 | 201 | 12 W | ell head completion: | Inches above grade | | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | | 13 We | | □ No | | | | |
| | | | | | | | | pth: From ft. to _ | | | | | |
| | | | | | | | ft. | Direction ell disinfected upon comple | Type | | | | |
| | | | | | | | 15 Pu | | Not installed | | | | |
| | | | | | | | M | odel number h | | | | | |
| | | | | <u>·</u> | | | Ту | pe: | Turbine | | | | |
| | (use | a second sheet if needed) | | | | | _ |] Jet | Reciprocating Other | | | | |
| 16 Remarks: elevati | ion | · | | | | | 17 W | ater well contractor's certif | cation: | | | | |
| , , , , , , , , , , , , , , , , , , , | | | | | | | rer | is well was drilled under my port is true to the best of my | knowledge and belief. | | | | |
| Topography: Hill More than 1 and 1 | | | | | | | D | KAY ENGLEY Well siness name Idress RR#-1 Man | II Lisana Na | | | | |
| Slope Upland Valley | | | | | | | | gned Authorized represe | Dote John | | | | |

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

Form WWC-5

95 RTE Seal H NESWAW.