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

T R EW 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

	County	Township name	Fraction Section number Town number Range				Range number			
1 Location of well:	0s b orne	Natoma	na $NE_{+}^{1}of_{NE_{+}^{1}}$ 26			TlOS	15 W			
Distance and direction from nearest town or city: 2mi. East and 2					3 Owner of well: Lawrence Koelling					
Street address of well location if in city: south of Natoma					Address: Natoma, Kansas 67651					
Locate with "X" in section below: Sketch map:								4 Well depth: 31 ft. Date of completion 9/30 Well diameter 12 in. 75		
	X					ĺ		Cable tool Rotary Hollow rod Jetted	Driven Dug Bored Reverse rotary	
w							6 Use	: X Domestic Public Irrigation Air co	supply Industry	
	ii						Th	sing: Material PVC readed Welded S	urfacei#.	
<u> </u>	S ——1 Mile————					:		in. to 31 ft. depth	Veight lbs./ft Orive shoe? Tyes * No	
2 Type and color of material					From	То	8 Sc			
Top Soil					0	16'		Manufacturer		
Gray Clay					16	20	Set	between ft. and		
	Whi	tock and g	ravel		20	25	Gr	tings: avel pack 🗶 Yes 🎞 🗞 b'	Size range of material	
	Bly	ue Shale			25	31	9 Sto	tic water level: 10 ft. below land surface	Date <u>9/29</u>	
							<u> 2</u>	mping level below land sur of the after hrs. fthe after hrs.	pumping g.p.m.	
							11 W	imated maximum yield — iter sample submitted: Yes No Date		
							12 We	Il head completion:	Inches above grade	
							13 We	Il grouted? 🔼 Yes Neat cement 🗌 Bentoni	No te	
								pth: From <u>20</u> ft. to t carest source of possible co	ntamination: Type oil we	
							ft. W	ell disinfected upon comple	etion? X Yes No	
								anufacturer's name	Not installed	
							l	ngth of drop pipe	t. capacity g.m.p.	
									Turbine	
	(use	a second sheet if needed)] Jet] Certrifugal	Reciprocating Other	
Well is aprox. 300' from North road 350' East of West line Topography: Owner is to build 5' well grade Hill Slope Upland Valley							Th rep Bu: Ac		y jurisdiction and this y knowledge and belief. 1 Service 310 (ansas 6/651	

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

Form WWC-5