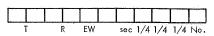
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD KSA 82a-1201-1215



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

1 Location of well:	Rocks	Paradise	Fraction NE 4	0		on number		Town number	Range number	
Distance and direction from nearest town or city: 1 North 1 11/11/20 3 Owner of well: Loyel Conway										
Street address of well location if in city: Codell Address: Nation							va Kaseres			
Locate with "X" in section below: N					4 Well depth: 3.5 ft. Date of completion 5-1 Well diameter 5/12 in.			ate of completion <u>5~1</u>		
							5 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary			
W							6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial Test well			
							7 Casing: Material STEEL Height: above/below Threaded W Welded Surface 12 in. Diam. Weight Ibs./ft.			
l Mile → I Mile						Diam. Weight lbs./ft 5½ in. to 35 ft. depth Drive shoe? Yes No				
2 Type and color of material					From	To	in. toft. depth 8 Screen:			
Gellow Clay					1	20	Manufacturer Docus Type Steet Dia. 5½ Slot/gauze Length 15 ft Set between 20 ft. and 35 ft. Fittings: Gravel pack N Yes No Size range of material 34			
Sund Ime to Course					20	35				
					i-;					
							2.1	tic water level: ft. below land surface	Date	
							10 Pun <u>ລ</u>	pping level below land surf	aces: g.p.m.	
								ft. after hrs.	pumpingg,p.m.	
							11 Wa	ter sample submitted:		
								II head completion: Pitless adapter	Inches above grade	
							13 We	Well grouted? Yes No No Neat cement Bentonite Depth: From / U ft. to J ft. Nearest source of possible contamination:		
							14 Ne			
					· · · · · · · · · · · · · · · · · · ·	 	ft. We	11 disinfected upon comple	tion? X Yes No	
							15 Pum	_	Not installed	
							Мо	del number H		
							Тур	_	_	
	,							Jet	Turbine Reciprocating Other	
(use a second sheet if needed) 16 Remarks: elevation								Certrifugal ter well contractor's certif		
							This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. License Bros. Business name Address License No. Address			
Topography: X Hill										
Slope Upland							Ad Sig	dress Planwill ned Rurul N for Authorized represe	Date 3-26	