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

DAKLEY ME

111

WATER WELL RECORD KSA 82a-1201-1215

ш				L					ш
1	Γ	- 1	₹	EW	sec	1/4	1/4	1/4	No.

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

	County	Township name	Fraction		Section number			Town number	Range number	
1 Location of well:	Thomas	5v1-	SW≟ o				10		31	
Distance and direction from nearest town or city: 3 Owner of well: Herb Teeter										
Street address of we	II location if in city:			Addr	ess:	0ak	ley,	Ks.		
Locate with "X" in section below: Sketch map:							4 Well depth: $\frac{137}{29}$ ft. Date of completion $9-18$			
	N							l diameter <u>28</u> in.		
							5 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary			
			6 Use: Domestic Public supply Industry							
w ¦							Irrigation Air conditioning Commercial			
			7 Casing: Material Steshlight: above/below Threaded Welded K Surfacein.							
×										
ļ	S Mile —						Diam. Weight lbs./ft			
2	Тур	e and color of material			From	То		in. toft. depth		
							8 Scre Mai	een: nufacturer <u>304950</u>	n	
Fine Sand	l, Med Grave	el (brown)			40	57	Тур	e Di t/gauze Le	a/2]	
Sandy Cla	ay, Med. Gra	vel, trace	sandst	one	57	62		between ft. and _		
Fine Sand	L. Med Grave	al trace Sa	andetor	ا م	62	79		ings: vel pack 🖊 Yes 🗌 No S	ize range of material —	
	•					1	0 54~4	ic water level.		
	L. Gravel, S		or.own w	nite	<u>79</u>	88		ft. below land surface		
Sandy Cla	y, Trace Me	ed Gravel			88	114		ping level below land surfa C ft. after hrs.		
Med Grave	Med Gravel, Fine Sand, Trace Sandy Clay							ft. after hrs. mated maximum yield 🚣		
Sandy Cla	y (brown)				122	124	11 Wat	er sample submitted:		
Sandy Cla	y, Trace Sa	indstone Tr	race Gr	laver	121	129	12 Wel	Yes No Date I head completion:		
		mas come, in	400 01				١		Inches above grade	
	rel (brown)	1-7				134	_	I grouted? ☐ Yes ☐ Neot cement ☐ Bentonit	₹] No	
Uchre, Sh	ale (yellow		,		134	137		th: From ft. to _	_	
		JOSK 134'					14 Ne	prest source of possible con	tamination:	
							We	ll disinfected upon complet		
									Not installed	
								nufacturer's name H del number H	P Volts	
							Len Typ	gth of drop pipe ft	. capacity g.m.p.	
								_	Turbine	
	(use	a second sheet if needed)					_ =	Jet Certrifugal	Reciprocating Other	
16 Remarks: elevat	•		Λ \			•		er well contractor's certifi		
	7	960 (TU	PO1				1	well was drilled under my	'	
Topogrophy:			Red Tiger Irrigation 125 A Business nome olby, Ks 6770 License No. Address							
Hill Slope										
Upland							Sig	$A \cap A \cap A$	Taud Date 91975	