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

## 141W sec 1/4 1/4 1/4 No.

WATER WELL RECORD KSA 82a-1201-1215

584 NW4

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

1 Location of well: OTTOWA GARFIELD NWY	Section	on number	Town number	Range number R4 W
Distonce and direction from nearest town or city: 4 SOUTH 3 Owner of well: RICHARD BARTLETT				
Street address of well location if in city: OF DELPHOS Address: MINNEAPOLIS, KANSAS,				
Locate with "X" in section below:  Sketch map:  4 Well depth: 157 ft. Date of completion 20/15/1				
5 Coble tool Rotary				Driven Dug
			Hollow rod	
W E SOO				nditioning Commercial
W E 500	\ [1]	758	7 Casing: Material	eight: above/below
TANK >	7 [H	J.	Threoded Welded KiSi	urface # in.
Mile Mile	TEANU 5 in. to 15/ft. dept			rive shoe? Yes No
2 Type and color of material	From	То	B Screen:	
TOPSOIL	0	2	Manufacturer CERTA PULS STWEE D	INTEED S
BROWN LLAY	2	10		noth 30'
SAND	10	7.0	Fittings:	' \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
_	10	50	Gravel pack Yes No S  9 Static water level:	ize range of materiol
GRAVEL	20	29	ft. below land surfoce	<del></del>
GRAY (17) 19 75 10 Pumping level below land surfaces:  App ofter				Sumpling g.p.m.
CLADY W/ ROCKLAYERS	125	93	Estimated maximum yield	g.p.m.
ROCK	93	94	11 Water sample submitted:	
GRAY LIAY	94	97	12 Well head completion:	_
SANDROCK	91	106		Inches above grade
GRAY CLAY	106	124	Neat cement Bentonit	• 🗆
SANDROCK	124	160	14 Nearest source of possible con	stemination:
			ft. SOO Direction A Well disinfected upon comple	Type DTS
			15 Pump:  Manufacturer's name	Not installed
20100		<del>                                     </del>	Model number H	1 7
	1	<u> </u>	Length of drop pipe ft Type:	_ ` ` ` ` ` \ <b>&amp;</b>
RECEIVED			Submersible	
(use a second sheet threeded) 3 OCI 1913	1-1	<u> </u>	Certrifugal  17 Water well contractor's certifi	Other
16 Remarks: elevation DIVISION OF ENVIRONMENT			This well was drilled under my	jurisdiction and this
Topography:		•	report is true to the best of my	ONS/NC 25 8 X
☐ Hill ☐ Slope			Business name Address	License No.
☑ Upland ☐ Valley			Signed Authorized represen	Tauke Date +10/15/758
Ecouged the white blue and pink copies to the Kopsas State Dent. Of Health.			· · · · · · · · · · · · · · · · · · ·	Form WWC-5 <b>2</b>