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

WATER WELL RECORD KSA 82a-1201-1215

T	 	~	EW	sec	1/4	1/4	1/4	<u>.</u>

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

	County	Township name	raction	Section	on number	,	Town number	Range number
1 Location of well:	Russell		NE		15		//	12
Distance and directi	ion from nearest town or cit	y: LUCAS N/W 4- MII	3 Owr	er of well	OL	1-16	RALAS	
Street address of we	Il location if in city:	LU	RAY KANS					
Locate with "X" in s	section below:	Sketch map:	•			4 We	ll depth: 🚣 ft. 🛭	ate of completion 2-1-77
	· · · X		Well			· · · · · · · · · · · · · · · · · · ·	II diameter in. Cable tool Rotary	Driven Dug
			¥ —		\Rightarrow			Bored Reverse rotary
w			<i>``\</i>			6 Use	Domestic Public	supply Industry
	i i i			\	7		☐ Test well ☐ ☐ ♣	+ <u>+</u> ++
	1 1 1		7	J			ing: Material Puc eaded Welded Wis	
<u> </u>	S Mile			**		Die	ım. 'V	Veight lbs./ft Orive shoe? Yes No
2	Туре	e and color of material		From	То		in. toft. depth	viive slice : [] les [] la
	+ 1	6 1				PIPE INC		
	\bigcap	2017		P	3	Typ	ia ength	
	LTRA	Y CLAY		5	25	Set	between 42 ft. and.	62 ft
	Sı	And Ro	c K	25	3 _P		rings: ovel packs Yes No:	Size range of material 1/4
	BLL	e GRNY =	SANd	30	40		tic water level: ft. below land surface	Date 2-1-77
	BL	we Shal	_e	40	55	10 Pun	nping level below land surf	oces: bailer test
	50	Nd Rac	. K	55	60		ft. after hrs. ft. after hrs.	pumping g.p.m.
	14	later &	60	12		mated maximum yield ter sample submitted:	g.p.m.	
	37.	VH / C. I V	· → HWG.				Yes X No Date	
							Il head completion: Pitless adapter 12	Inches above grade
					13 Well grouted? Yes No			□ No
						Dep	Neat cement Bentonit	ft.
						14 Ned	arest source of possible cor	tamination: NONO
							Direction Direction Upon complete	_
							nufacturer's name	Not installed
							del number H gth of drop pipe ft	
						Typ₁	_	Turbine
	(use	a second sheet if needed)					Jet	Reciprocating
16 Remarks: elevation				<u> </u>			Certrifugal er well contractor's certifi	Other cation:
							well was drilled under my ort is true to the best of my	
Topography: Hill						SMA	LL"S WATER WE	LL DRLG.
Slope						Add	ress	KANS License No.
Upland Valley						Sign	Authorized represer	tative 499

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

Form WWC-5