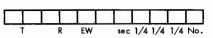
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD KSA 82a-1201-1215



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

County Township same Virgetics	Section	on number		Town number	Range number	1
1 Location of well: E// 15 CATHARINE Distance and direction from nearest town or city: 10 Mile 50 4 7 6 3 Own	ing 9			11.5	17W	
Distance and direction from nearest town or city: 10 Mile South 3 Own	er of wel	, 1: Не	R b	SIMPSON		
		LAI	NV/	11e KANS	RRH2	
Locate with "X" in section below: N			X 4 w	ell digneter 35 ft. [Date of completion 10/19	78
			5	Cable tool 🔀 Rotary [Driven Dug]
				Hollow rod Jetted e: Domestic Public	Bored Reverse rotary	1
w ¦¦					onditioning Commercial	
				sing: Material PVC	Height: above/below	1
S .			THE CO	readed Welded S	Surface 29 in. Weight 160 lbs./ft Drive shoe? Yes No	
1 Mile	Т.	I _	_	5_ in. to <u>35</u> ft. depth [in. to ft. depth]	Drive shoe? Yes No	1
Type and color or material	From	То	Xe so	reen: Noive W	SED PREFRONT	4
TOPSOIL	0	5	Ty	rpe	Dia	
SAND	5	3.4		ot/gauze	35 ft	
Shale	34	3.5	Fi G	ttings: ravel pack 🔀 Yes 🗌 No	Size range of material C/	17.
			9 St	gtic water level:	e Date <u>[0/19</u> /78	
			10 P.	and a large below had an		PRess
			l _	ft. after hrs.	. pumping g.p.m.	
-				timated maximum yield ————————————————————————————————————	g.p.m.	1 4
				Yes 🔀 No Date	e	=
				Pitless adapter	7 nches above grade	\ \
·				ell grouted? 🔯 Yes Neat cement 🔲 Bentoni opth: From 🔑 ft. to	□ No ite	P
				earest source of possible co		-
		 	i ft	ell disinfected upon comple	Type + 101 D	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			15 Pu	mp:	Not installed	۶
	 		м		HP Volts	1 8
			_	ngth of drop pipe f	it. capacity g.m.p.	(
,,			=] Submersible] Jet [Turbine Reciprocating	1
(use a second sheet if needed)		<u>.</u>		Certrifugal ater well contractor's certif	Other	.,
16 Remarks: elevation OWNER WILL FINISH WELL TO Topographys STATE Regulizements.			Th	is well was drilled under m	y jurisdiction and this	25
Topographys STATE Regulizemen			JEL	port is true to the best of m SESBROSICATER	Well DRIG 285	7 8
Slope			A	ddress Box 68	RRHZ License No.	10
□ Uptand □ Valley			Si	Authorized represe	ntative Date NOV8	78
Forward the white, blue and plink copies to the Kansas State Dept. Of Health.					Form WWC-	2