| USE PEWRITER ON AUS | 35F | |
|--|----------------------------|--|
| OINT PRIN-PRIME FIRMLY | | T R EW sec 1/4 1/4 1/4 No. |
| NA 82a | /ELL RECORD -1201-1215 | Kansas State Dept. Of Health (Water Well Contractors) Forbes-Bidg. 740 Topeka, Kansas 66620 |
| ENMONMENT COUNTY TOWNship name Fraction LOCAL FHWell: WALLACE MORTON SELL | | Town number Range number |
| Distance differentian from nearest town or city: 13/2 N 6 W 1N | 3 Owner of well: J-0 | . MATHER |
| Street address of well location if in city: of SHAron, SAing | Address: Shai | ron Spring, PANS. |
| Locate with "X" in section below: N Sketch map: South 1 1 1 1 400 / // of 5 | <i>k</i> | 4 Well depth: 151 ft. Date of completion 5-12 Well diameter in. 5-/2-75 |
| 200'W 08 E | Ast Line | 5 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary 6 Use: Domestic Public supply Industry |
| w E | | Irrigation Air conditioning Commercial Test well Height: above/below |
| <u> </u> | | Threaded Welded Surface in. |
| 21 Mile- | | Diam. Weight Ibs./ft. — Diam. Ibs./ft. — Diam. Ibs./ft. — Diam. Ibs./ft. — Ibs./ft. — Ibs./ft. — Ibs./ft. Ib |
| Type and color of material | From To | 8 Screen: |
| Sail & Cly & Sant | 0 31 | Manufacturer TT T Dia. 5' Type PASTIC Dia. 5' Slot/gauze S/O Length 2'' |
| Clay & Sal | 3/ 55 | Set between <u>4.31</u> ft. and <u>4.51</u> ft |
| San fin Bed | 55 73 | Fittings: PAS-LIC Gravel pack Yes No Size range of material |
| Sanfine Bed & Cly strul | 77 105 | 9 Static water level: 59 ft. below land surface Date: 5-12-75 |
| Sand fine to med | 165 1 20 | 10 Pumping level below land surfaces: ft. after hrs. pumping g.p.m. |
| Larrie fine with Clay sheet | 120 128 | ft. after hrs. pumping g.p.m. Estimated maximum yield g.p.m. Plus |
| Sal fire to mel | 18 140 | 11 Water sample submitted: Yes 2 No Date |
| Sand fine & Cly shirt | 140 148 | 12 Well head completion: |
| gellow Cly & Blu - Shale | 148 151 | Pitless adapter Inches above grade 13 Well grouted? Yes No |
| 13 ROCK 148° | | Depth: From the first of the fi |
| | | 14 Nearest source of possible contamination: ft Direction Type B yard |
| | | Well disinfected upon completion? Yes \(\bigcap \)No |
| | | 15 Pump: Manufacturer's name Model number HP L HP Volts 230 |
| | | Length of drop pipe ft. capacity g.m.p. |
| | | Type: Turbine |
| (use a second sheet if needed) | | ☐ Jet ☐ Reciprocating ☐ Certrifugal ☐ Other |
| 16 Remarks: elevation Topography: 3112(10P0) | 3762 | 17 Water well contractor's certification: This well was drilled under my jurisdiction and this |
| ☑ Hill ☑ Slope | 3703 | report is true to the best of my knowledge and belief. Business frame Address Bo And Wes Name License No. |
| Upland Valley | | Signed Authorized representative Date |