USE	TYPEWR	ITER C	R	BALL
POI	NT PEN-	-PRESS	FI	RMLY,
PRIN	NT CLEA	RLY.		

WATER WELL RECORD KSA 82a-1201-1215

1	1 1	1 1	
Τ	R	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	Section number		Town number	Range number	
1 Location of well:	Logar	Elkrada	nE SL	-97W		رک	3	12	32	
Distance and direction from nearest town or city: 3 Owner of well:							n of	uhlman		
Street address of well location if in city: 11 5 160 of Oakle. Address:						6a	bley 45 67748			
Locate with "X" in	section below:	Sketch map.	7					depth: <u>45</u> ft. Do	ate of completion <u>4-8</u> /	
	!!!!							Cable tool X Rotary	Driven Dug	
								Hollow rod Jetted		
w							6 Use		supply Industry nditioning Commercial	
							7 Cas	ing: Material // He	eight: above/below	
	s						Thr	eaded Welded S	urface <u>12</u> in.	
<u> </u>	1 Mile						Δ.	Lin. to 12 ft. depth Di	rive shoe? Yes No	
2	Тур	e and color of material			From	То	8 505	een: ft. depth!		
Topd	oil				0	14	Тур	nufacturer D	a5"	
chadu	Clay				14	15	Slo Set	t/gauze <u> </u>	ngth	
m Al	aus l				15	20	Fitt	rings: avel pack 🛣 Yes 🗌 No S		
Chandy	Clou				20	<i>3</i> 5	9 Stat	tic water level: ft. below land surface		
m de	0400				35	42		ping level below land surface		
10010					42			ft. after hrs. ft. after hrs.		
COURT					10	/	Esti	mated maximum yield 🚅		
							_	ter sample submitted: Yes X No Date		
								I head completion: Pitless adapter	Inches above grade	
								Il grouted? XYes [] No	
				-			Dep	th: From ft. to	LO ft.	
							ft.	arest source of possible con	Type <u> </u>	
							We 15 Pum	Il disinfected upon complet	ion? X Yes No	
		-					Ma	nufacturer's name	Zoulds	
	****			·			Len	gth of drop pipe 40 ft	. capacity 2 g.m.p.	
Market and a second								Submersible [Turbine	
	(use	e a second sheet if needed)						Jet Certrifugal	Reciprocating Other	
16 Remarks: elevat	ion							ter well contractor's certific well was drilled under my		
							l .	ort is true to the best of my	knowledge and belief.	
Topography:							Busi	ness name	Uling 376	
Slope Upland							Add Sig	dress Arenno	1715 Date 4-87	
Valley							9	Authorized represen	tative	

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

Form WWC-5