USE YPEWRITER OR BALL POINT REM-PRESS FIRMLY, PRINT CHEARLY. WHAY TO

7233W 25WEFV T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD KSA 82a-1201-1215 Kansas State Dept. Of Health (Water Well Contractors) Forbes–Bldg. 740 Topeka, Kansas 66620

	County	Township name Fraction		Sect	Section number		Town number	Range number	7	
1 Location of well:	Logan	Oakley 5	WSE SW1/4	#	2		T 12 S	R 33 W		
Distance and direction from nearest town or city: 5 miles South & 3 Owner of well: 2½ miles East of Monument, Kansas Street address of well location if in city: Kenneth Uhrick Address: Monument, Kansas										
Locate with "X" in section below: N					4 Well depth: $\frac{113}{28}$ ft. Date of completion $\frac{7}{28}$ Well diameter $\frac{1}{28}$ in.				0-75	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					5 🔲	Cable tool Rotary Hollow rod Jetted		<u>,</u>	
w E						6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial Test well				
						7 Casing: Material <u>ste</u> herght: above/below Threaded Welded Susurface 12 in. Diam. Weight/— gualbe/ft.— O_ in. to 83 ft. depth Drive shoe? Yes No — in. to ft. depth				
→ i Mile →										
2	Type and color of material				То	8 Ser.	8 Screen: Manufacturer W. A. Brown Type bridge Dia. 16"			
Top Soil				<u> </u>	15	Тур				
Clay & sand streaks				15	75	Slo Set	t/gauze <u>1/8</u> Le between <u>83</u> ft. and _	ngth 2" 103 _{ft}		
Medium to coarse sand & gravel				75	92		rings: 10' of Coo avel pack ☑Yes ☐ No S		x 5/8	
Clay					96	9 Stat	ric water level:ft. below land surface			
Medium to coarse sand & gravel				96	110	10 Pum	pping level below land surfa 5 ft. after 2 hrs.	ices:		
Ochre				110	113	l	ft. after hrs ft. after hrs. mated maximum yield2	pumping g.p.m.		
	<u> </u>	son ili		_	-	11 Wat	ter sample submitted:			
						12 We	Yes X No Date I head completion:			
								Inches above grade	-	
							I grouted? X Yes [Neat cement Bentonite th: From 0 ft. to 10	& clay	1 2	
						f+ 5	prest source of possible cont 2,000 Direction Eas Il disinfected upon complet	t Type Home		
					 	15 Pum	p: X	Not installed	1 W	
					 		nufacturer's name HF	Volts	W	
	***			_		Len Typ	gth of drop pipe ft. e:	. capacity g.m.p.	3	
					ļ		Submersible	Turbine Reciprocating		
	(use	a second sheet if needed)				_ =	Certrifugal	Other	_	
16 Remarks: elevation Topography:					3102		er well contractor's certific well was drilled under my		N	
							ort is true to the best of my estern Well &		1	
□ніп						Busi	ness name	License No. S52, Colby, Ks	ح ا	
Slope TxtUpland Valley						Add Sign	11 / I / I / I / I	rien 1 Date Outs	.75 SE SW	
Forward the white, bl	lue and pink copies to the k	Cansas State Dept. Of Hea	ith.					Form WWC-	5 E	