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

## WATER WELL RECORD KSA 82a-1201-1215

	1 1	1 1	1 1	I	
T	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	Froction		Sectio	n number		Town number	Range number		
1 Location of well:	Saline		SESW	' 5 W	3	3		135	IW		
Distance and direction from nearest town or city: 3 miles & hunt 3 Owner of well: Vack Imlet											
							line Wars				
Locate with "X" in section below: Sketch map:								4 Well depth: 33.5 ft. Date of completion 4-23-75			
<u> </u>	ï							Cable tool Rotary	Driven Dug		
<b> -</b>									Bored Reverse rotary		
w''E								6 Use: 🗖 Domestic 🗌 Public supply 🔲 Industry			
			()					Test well			
<b>.</b>							7 Casing: Material PVC Height: above below Threaded Welded Wisurface II in.				
5								Digm. Weight lbs./ft			
2	Mile	e and color of material			From	То		in. to ft. depth!	rive snoe ? Tes MINO		
		O A A					8 Sci Mo	reen: Slup			
Clar	gray +	luff			0	17	T.	A	ia. 4"		
Same	J Live _				17	17.5	Set	between <u>30</u> ft. and 3	33 ft		
Silt	luff				17.5	20		tings: ovel pack 🗶 Yes 🗌 No S	ize range of material		
العديدية ك	Lin to	° Lange			20	ع کے	9 Sta	tic water level:  1. The below lond surface			
Canada	alo: to	0	4. /		22	25		mping level below land surf	1		
on	of or	The state of the s	and a			スケッケ		ft. after hrs. ft. after hrs.			
Orange Charles	wiff	<del></del>			25,5		Est	imated maximum yield	g.p.m.		
grane	e, medin	to fine			ر ۱ د کی	33		iter sample submitted: Yes <b>A</b> No Date			
							_	II head completion:	Inches above grade		
J.	ild drop con	nt lests					13 We	II grouted? 🔼 Yes	□ No		
CQ -450 ppm							De	Neat cement Bentonit pth: From <b>3</b> ft. to <b>1</b>	e		
John Carling 171 som							14 Ne	earest source of possible cor	itamination:		
0.0	. 1 + 2	0.9 664						Direction Direction ————————————————————————————————————			
8111	7	17					15 Pui	mp: [] anufacturer's name	Not installed		
							Mo	odel number H			
								ngth of drop pipe ft pe:	capacity g.m.p.		
								Submersible	Turbine Reciprocating		
	(use	a second sheet if needed)						Certrifugal [	Other		
16 Remarks: elevat	tion							iter well contractor's certifi is well was drilled under my			
Topography:								port is true to the best of my	knowledge and belief.		
Hill								sings name	License No.		
Slope							Address Signed Date Date				
<b>▼</b> Valley								Authorized represen	ntative		

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

Form WWC-5