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

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

Ť	R	EW	sec 1/	4 1/4	1/4 No.

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

1 Location of well:	Jailing	Township name	Fraction NW NN			on number みフ		Town number	Range number えい		
Distance and direction from nearest town or city: 7 Mi NE of Salina 3 Owner of well: Lercy Harris											
Street address of well location if in city:						V. 8th Salina Ks					
Locate with "X" in section below: Sketch map:							4 Well depth: 49-5 ft. Date of completion 3-22-75 Well diameter 4 in.				
		_ (					5 🗆	Cable tool 🔀 Rotary 🗌 Hollow rod 🗌 Jetted 📗	Bored Reverse rotary		
W E							6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial Test well				
S					In feet below surface			7 Casing: Material PVC Height: above/below Threaded Welded Surface A in. Diam. Weight Ibs./ft.  4" in. to 49.5 ft. depth Drive shoe? Yes No			
2 Type and color of material					From	To	In. to III ft. depth Drive shoe? Yes No. in. to ft. depth    8 Screen:  Manufacturer Jotted PVC  Type Dia. 4"  Slot/gauze 3/32" Length 3'  Set between 465 ft. and 475 ft.  Fittings:  Gravel pack Yes No Size range of material 44				
					0	35					
Clay & silt, gray + b + ff Sand, fine & clay, gray					35	40					
Sand coarse					40	45					
	-1, medun t		of		45	50	9 51-01	ic water level:  ft. below land surface			
	,						10 Pum	ping level below land surfa — ft. after ——— hrs.	ices:		
							_	ft. after hrs. mated moximum yield	pumping g.p.m.		
<b></b>								er sample submitted:			
					-			I head completion:	Inches above grade		
					13 Well grouted? ☑ Yes ☑ Neat cement ☐ Ben  Depth: From 글 ft. 1			Neat cement Bentonite	No		
					14 Negrest source o		prest source of possible con BO Direction A	tamination:			
					****		15 Pum	p: 🔀	ion? X Yes No Not installed		
							Мо	del number Hi			
							Тур	_	Turbine		
	(use	a second sheet if needed)						Jet Certrifugal	Reciprocating Other		
16 Remarks: elevation							er well contractor's certific	•			
Topography:								ort is true to the best of my			
☐ Hill ☐ Slope ☐ Upland						Business name  License No.  Address  Signed  Date 3-67-75					
Valley							J. J	Authorized represen	tative		

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

Form WWC-5