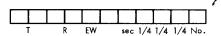
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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



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

1 Location of well;	Saline	Township name	Fraction /	Fraction NE Secti		Section number える		Town number	Range number
Distance and direction from nearest town or city:							olph	Vilka	
Street address of well location if in city:							2 Saling Kains		
Locate with "X" in section below:  N								l depth: <u>52</u> ft. D I diameter <u>4</u> in.	ate of completion 6-4-7.
							5 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary		
w     E								Test well	nditioning Commercial
S							7 Casing: Material AMP Height: above below Threaded Welded Surface Ain. Djam. Weight Bs./ft.		
- 1 Mile - Ju feet helver Surface						and	in. to 34ft, depth Drive shoe? Yes No		
2	Туре	e and color of material	V		Fram	То	8 Scre	in. to ft. depth   een:	
Colluvium								nufacturer <u>Shcp</u> e <u>RMA</u> D	ia. <i>4</i> ′′
Clare Consum					0	4	Slot/gauze 3/3c Length 8' Set between 44' ft. and 6 ft.		
San Di Translum + to alles					4	6	Fitt	ings:    Vel pack   Yes   No S	
Heiron Levil							0 54~4	ic water level; L ft. below land surface	
Shape San					16	42	10 Pur	ping level below land surf	aces:
Ca dottores User his with sellent					42	49	<u> </u>	## ft. after ## hrs hrs hrs.	pumping g.p.m.
Shale days new siderities duritie					49	68		mated maximum yield ter sample submitted:	g.p.m.
		8	110	·				Yes 🔏 No Date I head completion:	
								Pitless adapter 💆	Inches above grade
							X	l grouted? ☑ Yes Neat cement ☐ Bentonit th: From ૐ ft. to /	No e
								th: From tt. to / arest source of possible can	
W 100 10 10 10 10 10 10 10 10 10 10 10 10								Direction	
							15 Pum Mai	p: nufacturer's name	Not installed
							Мо	del number H gth of drop pipe ft	
							Тур	e:	_
								Jet	Turbine Reciprocating
(use a second sheet if needed)  16 Remarks: elevation								Certrifugal er well contractor's certifi	Other cation:
							This	well was drilled under my ort is true to the best of my	jurisdiction and this
Topography:							2	John lie De	elling 126
☐ Hill  Slope								ress Su Discour	License No.
Upland Valley							Sign	Authorized represer	Date 70-7

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

Form WWC-5