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

WATER WELL RECORD KSA 820-1201-1215

1 1 1					
					ш
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	Fraction C/	1/2	Section	on number		Town number	Range number	1
1 Location of well	1 '	i '	1		i .			ì	1 -	
Distance and direc	tion from nearest town or ci	ty:	,	3 Owner	of well	: 1	Val	14 Her Smi	th	1
Street address of w	ell location if in city:	3F, Sall	Na	Addre	988;	*	1	New Can	Abria, Kan	
Locate with "X" in	section below: N	Sketch map:					4 We	II depth: ft. D	Date of completion 1-2	} ->&
	X						5 🗌	Cable tool 🕻 Rotary	Bored Reverse rotary	
w	- E								onditioning Commercial	
	S S						Thi Did	readed Welded Is	urface 12 in.	
2		e and color of material			From	То		in. to ft. depth	outse sube t like like	-
		Clay			b	30	8 Scr Mc PVGV:	reen: anufacturer <u>OUY</u> pe <u>AYII led</u> D ot/gauze <u>ly</u> '' L	S NPI	
	FIA	le sand			30	48	S lo Set	ot/gauze <u>//g''</u> L between //g'' to and	ength	
•	#	- Sand-	Graver	•	45	60	Fit Gr	tings: avel pack 🗶 Yes 🗌 No	Size range af material	11-7
							9 540	tic water level	Date 1-23-75	}
							10 Pur	mping level below land sur	faces:	
							_	ft. after hrs.	pumping g.p.m.	
		· · · · · · · · · · · · · · · · · · ·					_	iter sample submitted: Yes [V] No Date		
								II head completion: Pitless adapter	12" Inches above grade	
							[X]	Il grouted? 🔀 Yes Neat cement 🔲 Bentoni oth: From 🔑 ft. to		
							ft.	parest source of possible con Direction — All disinfected upon comple	E Type Tank	
							15 Pur		Not installed	
	· · · ·			***				odel number Fingth of drop pipe fi		
							Tyr	_	Turbine	
	(use	a second sheet if needed)					=	Jet [Certrifugal [Reciprocating Other	
16 Remorks: eleva	tion							ter well contractor's certif s well was drilled under my		
Topography:								ort is true to the best of my	knowledge and belief. Well Seru 186	
Hill Slope								iness name dress R 2 L	ENT BEND	
☐ Upland ☑ Valley							Sig	Authorized represe	ntative Date	75

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

Form WWC-5