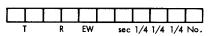
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD KSA 82a-1201-1215



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

1 Location of well:	County	Township name	Fraction S W	NE	1	on number		Town number	Range number		
)istance and directi	on from nearest town or ci	l ty:	<u> </u>	3 Owner	L		ks				
Street address of well location if in city:					3 Owner of well: Elks Country Club Address: Salina Kans						
Locate with "X" in section below: Sketch map:								4 Well depth: 47.5 ft. Date of completion			
<u> </u>	N		-					ell diameter 8"			
								Hollow rod Jetted	Bored Revers		
w	E	<u> </u>	()				6 Us		Public supply Indu Air conditioning Com		
	1 1 1	1	O				T	hreaded Welded	Height: above belo		
2	S 1 Mile	e and color of material	set be	ou re	rfa	- Q -		8 in. to 4.7.5 ft. de in. toft. de	Weight lbs. pth Drive shoe? Yes pth	₩	
O 00	ТУР	e and color of material			riom	10	8 S	creen: Janufacturer Sh	of P		
Cillia	ium;						T;	Janufacturer Skype PVC	Dia. 8"		
_Clay	vsilt,	samely			0	25	Se	et between 395.	and 47.5 ft		
- gran	Le fine	Ze Cresso	+ Am	4	22	39	G	ravel pack 🔀 Yes 🗌	No Size range of mater	ial	
Clary	, gray				39	40	9 Si	atic water level: Lo ft. below land su	urface Date <u>8-18</u> -	-75	
grand	e como	tofice	sand		40	47.5	10 Pc	umping level below lan	d surfaces: hrs. pumping 400		
Weller	inton for	ر. السلمان					_	ft. after	hrs. pumping	g.p.m.	
Slu	& real & S	ne		ŀ	47.5	50		ater sample submitted:	g.p.m.		
	() &						Yes Mo	Date		
								Pitless adapter	Inches above gra	de	
					_		13 W	ell grouted? 🔼 Yes Neat cement 🔲 Be epth: From 🔑 ft.	☐ No ntonite ☐ to ∠ ft .		
								earest source of possible	le contamination:		
							٧	ell disinfected upon co	ompletion? X Yes	□N₀	
							15 Pc		Not installed	<u> </u>	
								nodel number ength of drop pipe <u>5</u>	HP 25 Volts Oft. capocit 40		
							<u>T</u>	/pe:] Submersible	Turbine		
	1	a second sheet if needed)] Jet	Reciprocating Other		
6 Remarks: elevati	······································	a racona sinor il licodou)		<u>t</u>				ater well contractor's o	····		
									er my jurisdiction and the of my knowledge and be		
Topography:								Verdean ac	Dielin 10	16	
Slope								ddress	Licer Res	se No.	
☐ Upland ☑ Valley							Si	gned — Authorized re	Date _	10-1	

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

Form WWC-5