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

15/25

WATER WELL RECORD KSA 82a-1201-1215

									1
1	Ī	- 1	R	EW	sec	1/4	1/4	1/4	No.

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

		NWYUSW	4 Maye	SWY	/	Topeka, Kansas 66620
County	Township name	Fraction WWV	Sect Sect	ion number	Town number	Range number
1 Location of well: Saline	Walnut	NY2 - NEX	1. Sive	18	7 15 5	$2\omega$
Distance and direction from nearest town or ci	14: YZE YZN 0	/)	3 Owner of we	II: Ha	hn tilka	
Street address of well location if in city:			Address:	12:	1	
	Mintor 19	Nans		all	aria) Jan	21 1 11 6216
Locate with "X" in section below:	Sketch map:				4 Well depth: 4 Well diometer 25 in	. Date of completion
	184	7			5 Cable tool Rotary	
	1 1					Bored Reverse rotary
W E	E. X	7/			6 Use: □ Domestic □ Pub	olic supply Industry conditioning Commercial
	20	occe,			Test well	
	/ <b>{</b>	- 1			7 Casing: Material General Threaded Welded	
, s	4				Diam Z	Weight lbs./ft
→1 Mile → 1			7	1		h Drive shoe? Yes No
2 Тур	be and color of material		From	То	in. to ft. dept	
1	1.01. 100		0	22	Widnesdell 7	Manuelle:
	my Sur			24	Slot gauze	Dia
- Ku	of Clays		22	26	Set between 22 ft. ar	j
Fine se	140a	ر (ور	26	28	Fittings: Gravel pack 🔀 Yes 🔀 N	lo Size range of material —
Charley A	1 0-1	MA	20	38	9 Static water level:	1-11-1-
De Comment	OD	our son	مراور	1/2	26 ft. below land surf	
Allere	Charp		9	10	10 Pumping level below land:	nrs. pumping 500 g.p.m.
Ley com Sand	Seauel	Foor	- 13	28	ft. after f	ors. pumping g.p.m.
Blue	Mele		25	61	11 Water sample submitted:	9.5
	ALA			-		ate
				+	12 Well head completion:  Pitless adapter	12 ™ ☑ Inches above grade
					13 Well grouted? XYes  Neat cement Bento	No Postile Still
					Depth: From ft. to	15 ft.
					14 Nearest source of possible	contamination:
					ft. Direction — Well disinfected upon com	
					15 Pump:	Not installed
				-	Manufacturer's name Model number	HP Volts
					Length of drop pipe	ft. capacity g.m.p.
					Type:  Submersible	<b>⊠</b> Turbine
					Jet	Reciprocating
	e a second sheet if needed)			1	Certrifugal  17 Water well contractor's cer	Other
16 Remarks: elevation	This well was drilled under	my jurisdiction and this				
The Creation	1,00	cer In	n it		report is true to the best of	
DHIII duction	how Wel	Cir four	ly flat	*	Business name	P. QLicense No.
☐ stobe			, .		Address Socy 50	a massory FOR
Upland ☑ Valley					Bu 1 6, Authorized repre	esentative

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

Form WWC-5