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

WATER WELL RECORD KSA 82a-1201-1215

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ı		₹ .	ΕW		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	nip name Fraction		Section number			Town number	Range number]
1 Location of well:	Barton		SW4SW1			31		16	12	
	ion from nearest town or cit 4 east of Il location if in city:			3 Owne		F.E	1	ang - Hoisington	ı, Ks.	
Locate with "X" in	section below: N	Sketch map:						depth: <u>270</u> ft. D diameter <u> </u>	ate of completion <u>//-/5</u>	-*
								Cable tool K Rotary Hollow rod Jetted	Bored Reverse rotary	
w							6 Use	: X Domestic Public Irrigation Air con Test well	supply Industry nditioning Commercial	
X	S						Thr	ing: Material DVC Headed Welded K 150	urface 12 in.	
2	→1 Mile →					T-	4章_	um. in. to 270 ft. depth D in. to ft. depth	rive shoe? Yes No	
		e and color of material			From	То	8 Scr Ma	nufacturer R&	3]
Top s	011				<u> </u>	10	Slo	ne xedxxtx ; py t nt/gauze 1/16 Le	ngth	
Post	rock				10	35	Set Fitt Gro	between 190. and 2 tings: avel pack 1 Yes No S	3/4-3/8-1/16	4 3
Black	shale & ro	ck			35	190	0 64	water level: ft. below land surface		1
Hard	sand rock			}	190	200	10 1°8	nging level below land surfo	pumping 18 g.p.m.	
Sand	rock " shal	e			200		Esti	mated maximum yield 10	Dog g.p.m.	
Fire	clay & shal	<u>e</u>			225	270		ter sample submitted: Yes No Date	11-20-74	
							X		Inches above grade 12	
							13 Wel	Il grouted	□ No □ ————————————————————————————————————	
-							ft.	arest source of possible con 300 Direction — Il disinfected upon complet	457 Type Septic	Tank
	4						15 Pum	np:	Not installed Jacket	HTI
							Len	del number 14BC High of drop pipe212 ft		
		· · · · · ·					_	Submersible	Turbine Reciprocating	
	(use	a second sheet if needed)					=	Certrifugal	Other	
16 Remarks: elevati	ion						This	ter well contractor's certifi well was drilled under my	jurisdiction and this	
Topography:							Ti.	ort is true to the best of my		
Slope Upland Valley							Add Sign	ress name ress Great Ber dress Authorized represen	1d. KB.	**

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

Form WWC-5