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

WATER WELL RECORD KSA 82a-1201-1215

	TT						
	1	\perp					ш
Ţ	R	EW	sec	1/4	1/4	1/4	No.

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

			JW SESW	/					
Location of well:	County Barton	Township name Homestea	Fraction	Section	on number		Town number	Range number	
1	Dar our			wner of well		34	17	12	
	on from nearest town or cit	72 m	iles E		1;		rtin Steine		
Street address of we	Il location if in city:	of He	rising ton	Address:		НС	ssington, Ka	nsas 67544	-77
Acate with "X" in s	section below: N	Sketch map:	/			4 We	ell depth: 52 in.	ate of completion 5-23	,- , ,
						5	Cable tool Rotary	1	
							Hollow rod Jetted		
w						6 Use	e: Domestic Public	nditioning 🔲 Commercial	
						7.6	sing: Material PVC H	tock well m	A C
	/x : :					/ Ca	readed Welded X	urface 1 1 17	
<u></u>	S ——1 Mile—————					Di	am. 4 in. to 112 t. depth D	Veight lbs./ft	
2	Type	e and color of material		From	То		in. to ft. depth		
				_		8 Sc Mo	reen: anufacturer	_	
7 2	•				17.6		pe drilled D ot/gauze النظائرة	ia. 4 ** 20 •	
	aned out to		ed whe well	92	112	•	t between 92 ft. and	112 _{ft.}	
	l is 60 year						ttings: ravel pack 🗌 Yes 🌇 No S	Size range of material ——	
	mood with a	middmill				9 Sto	tic water level: Mil	C 5/25/77	
<u> </u>	mped with a	WINGHILL					mping level below land surface		\
						_	ft . after hrs .	pumping g.p.m.	10
							ft. after hrs.		7
							ater sample submitted: Yes X No Date		-
_							ell head completion:		N
This	well wa	cased	with 4	11				Inches above grade	2
7770	4444 '	11 11		<	ļ		ell grouted? Yes / Neat cement Bentonit		
COSING	NUN INSI		810	-			pth: From ft. to _		Ù,
Casina	L 1 /70/	e was	NO Way		 	ft.	earest source of possible cor Direction	E Type Dani/10 0	7
to gr	out the	well:		_		15 Pu	ell disinfected upon comple	tion? Yes No	
		MNO				M	anufacturer's name		5
							odel number H ngth of drop pipe ft		w.
						_ <u> </u>	pe:] Submersible [Turbine	MS
] jet [Reciprocating	\sim
16 Remarks: elevat		a second sheet if neede	d)		<u> </u>		Certrifugal ater well contractor's certifi	Other	275
			1/2/			Th	is well was drilled under my	urisdiction and this	
Topography:			17/1)/			Je	zek water w	knowledge and belief. BIT Drilling	
☐ Hill ☐ Slope			1000				siness name Idress	Li gnge I No.	
Upland Valley	slove to	Suz				1	gned John John	ntative Date 5-28	-//
I Zeration v	-,UFF. 110						" []]]	1	

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

Form WWC-5