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

WATER WELL RECORD KSA 82a-1201-1215

				T			\Box
Ť	R	EW	sec	1/4	1/4	1/4	<u>М</u> о.

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

1 Location of well: Mel. Nisan	Township name	Fraction SEY4 SEY4	Section	on number		Town number	Range number P-3-W
Distance and direction from nearest town or ci	W: 1 N 3/4 13		r of well	Mes	يدع .	mar beter	1
Street address of well location if in city:	Lindsboy	y Kous Adds	ess:	PZ		Lindebo	w, Kan
Locate with "X" in section below:	Sketch map:	-			4 We		ate of completion 3-24-7
					5 🗌	Cable tool 🔀 Rotary 📗	
w E	10				6 Use	e: 🔀 Domestic 🗌 Public Irrigation 🦳 Air co I Test well 🔲	supply Industry
	af				Th	sing: Material PVC H	urface 12 in.
S 1 Mile					<u> </u>	in. to ft. depth!	rive shoe? Yes No
2 Тур	e and color of material		From	То	8 50		T. P
Jopa	toil		ن	2	Ту	De PUE D	ia
Silty Cla	ys		2	28		ot/gauze Le between ft. and _	
Very June	Sando		38	42	Fit Gr	tings: avel pack 🔀 Yes 🔣 No S	ize range of material —
med Caar	e kind &	Genel	42	52	0 54-	#	Date 3-26-75
Blue shall	ew '		52	24	10 Pui	mping level below land surf	aces:
~					_	Zft. after Zhrs. — ft. after — hrs.	pumping g.p.m.
						mated maximum yield ter sample submitted:	g.p.m.
						Yes 🔀 No Date	
- Mar 1947	magnification of the control of the				12 We	II head completion: Pitless adapter	Inches above grade
					X	Neat cement Bentonit	□ No • □
						oth: From 5 ft. to 2	
					ft.	arest source of possible con ODD Direction Il disinfected upon complete	Type deple
					15 Pur		Net installed
		,			Mo	del number H	Volts 15.
					Тур	e:	Turbine
(use	a second sheet if needed)					Jet Certrifugal	Reciprocating Other
16 Remarks: elevation						ter well contractor's certifi s well was drilled under my	
Topography:					rep	ort is true to the best of my	knowledge and belief.
□ніп					Bus	iness name	License No.
Slope Upland						dress BOX150 A	130 300
Valley					آيو3	ned Authorized represer	tative

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

Form WWC-5