USE TYPEWRITE	R OR BALL
POINT PEN-PR	ESS FIRMLY
PRINT CLEARLY	Y.

WATER WELL RECORD KSA 82a-1201-1215

	T	
 	- FVA/	
 ĸ	FW	sec 1/4 1/4 1/4 No.

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

						·	_
	Fraction SE4SW4SW4		on number 23		Town number	Range number 3 4	
Distance and direction from nearest town or city: .25N .5E			ı: Ha	20/0	Mast	- I	1
Street address of well location if in city: 1.25 E of Modoc	, KS Addr	ess:	Scot	+	City, Kan	47811	
Locate with "X" in section below: Sketch map:	•					ate of completion <u>4–30</u> -	77
N JØE	~				I diameter 224 in.		4
	<u>^</u>				Cable tool 🔀 Rotary		
	,					Bored Reverse rotary	1
w!! E				6 Use:	Domestic Public	supply Industry	
	5N of Hy	-WE			Test well	Territoring commercial	
Modoc >	1 *** ** ***		_	7 Casi	ng: Material Steel H	leight: about/below	1
<u>× </u>	Histolas	. 6	6)		aded 🗌 Welded 🔀 S	urface 12 in.	
S Mile	1 /11 600			Dia:	n. 10/6 4-11/10	Veight 434 thati Orive shoe? Yes XNo	
2					Lin. to —— ft. depth!	rive snoe r res	
Type and color of material		From	То	8 Scre	• •	0	1
Soil		0	10		nufacturer	Brown	
Juli			1,0	Тур	4 . 64	oia. <u>12 4</u>	
sand + Gyp	•	10	50	Set	between 111 ft. and	210 ft.	
			14		ings: vel pack 🔀 Yes 🗌 No :		
Clay		50	74	Gra	vel pack 🔀 Yes 🗌 No :	Size range of material	4
Sand		74	82	9 Stat	ic water level: ft. below land surface	Date <u>4-30</u> -77	
Sandy Clay		82	105	10 Pum	ping level below land surf	faces:	1.
			400			pumping g.p.m.	`
sandy + clay		105	120	Estin	tt. after hrs. nated maximum yield 4	pumping g.p.m.	`
clay		120	150	11 Wat	er sample submitted:		1,
Fair Sand		150	180	12 Wal	es No Date I head completion:		\ \
N 11				_	` -	Inches above grade	
Yellow Clay		180	192	13 Well	grouted? X Yes	□ No	{
Rlue Shale		192	201	X :	Neat cement 🔲 Bentonit	1 —	'
Diac Sign		//_	50/	Dept	h: Fram ft. to _	<i>LO</i> ft.	1
					rest source of possible cor	_	١.
					Direction disinfected upon comple		(
				15 Pum		Not installed	1 .
•	`				ufacturer's name	1157	(
						P 50 Volts	,
				Туре		· capacity - g.m.p.	}
				_	7	Turbine	,
/				=	Jet [Centrifugal [Reciprocating Other	
(use a second sheet if needed)	l		1				1
16 Remarks: elevation					er well contractor's certifi well was drilled under my		1
					rt is true to the best of my	•	
Topagraphy:				W	HNERY DEILLI	NG 256	
☐ Hill ☐ Slope					ness name 405 Ant	License No.	ya.
Upland			•	Add Sign		Dote 7-3	وكحط
☐ Valley			٠	J.911	Authorized represen	ntative	آ ا

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

Form WWC-5