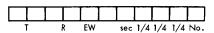
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD KSA 82a-1201-1215



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

Co	unty Or	Township name	Fraction	Section	on number		Town number	Range number
1 Location of well:	le therin	Union	NEXY JAVA	1/4	30		1-17-5	
Distance and direction from nearest town or city: 14 EAST 3 Owner of well: Bab. Waver								
Street address of well location if in city: Marquette 14. Address: RRI						·	Morque	
Locate with "X" in section	on below:	Sketch map:				4 We We	II depth: <u>43</u> ft. [ II diameter <u>8"</u> in.	Date of completion 2/1
w	E	-	House.			6 Use 7 Cas	Domestic Public Public Prince Public Public Prince Public	Bored Reverse rotary c supply Industry conditioning Commercial Height: above/below forface in.
	S 1 Mile					5	in. to 23 ft. depth	Weight lbs./ft Drive shoe?YesNo
2	Тур	e and color of material		Fram	То	8 Scr	in. toft. depth! reen:	
Two !	Suil			0	ュ		nufacturer 27 1	Dia. 5"
Silty	Claro			2	17		between 33 ft. and	·
Time s	ends 40	Place		17	25	Fit	tings: avel pack 🔀 Yes 🔀 No	18-14
Med on	le of m	und - La	2	25	44	9 Sta	tic water level:  ft. below land surface	
Police	Al Ou	/		44	47	10 Pur	mping level belaw land sur	faces:
	Nyan							pumping g.p.m. pumping g.p.m.
						11 Wa	iter sample submitted: Yes 🔀 No Date	
							II head completion: Pitless adapter	Inches above grade
						X	Il grouted? Yes  Neat cement Bentoni oth: From ft. to	No ite
						ft.	parest source of possible control in the control in	Type Epile
						15 Pur Mo	mp: anufacturer's name	Not installed  HP Volts  ft. capacity g.m.p.
	1	e o second sheet if needed)					pe: Submersible Jet Certrifugal	Turbine Reciprocating Other
16 Remorks: elevotion  Topography:  Hill Slope		to South	t wee	from axe	L L L	17 Wa Thi rep Bus	ter well contractor's certifications well was drilled under month is true to the best of management of the service of the serv	fication: y jurisdiction and this yy knowledge and belief.  NC 137 License No.
Upland Valley				ww	_		n P. Authorized represe	entative Date

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

Form WWC-5