

1834W3/CAD sec 1/4 1/4 1/4 No.

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

Mossoc CAD

WATER WELL RECORD KSA 82a-1201-1215

				10	opeka, Karisas 00020	
County Township name Fraction	Section	on number		Town number	Range number	
SCOLL SE-NE-Su		<u> 31 </u>	1/	185	134W	
05 C 05 2001 City	er of well	10		Robinso E. 1st St		
Street address of well location if in city:	ress:	SCO		α \cdot \cdot	1, 67871	
Locate with "X" in section below: N				ell depth: 140 ft. D ell diameter 938 n.	Date of completion	7-75
!!!					Driven Dug	
					Bored Reverse rotary	
w ¦			6 Us	e: ∐Domestic ∐ Public ☑ Irrigation ☐ Air co	supply Industry	*
¹ X		ľ	7.0	Test well		
-				ısing: Material ##\$5 H readed □ Welded X IS	ourface 22 in.	
S 1 Mile					Veight 🔀Ibs./ft	
2 Type and color of material	From	То		in. toft. depth	1260 mail	
		20		reen: anufacturer Jess 4	Lowell	
Clay and Soil	0	22	Ty (SI		Dia. <u>5" I.O.</u> ength <u>20</u> 5t.	
sandstone and gyp.	32	45	Se	t between 20 ft. and.		
sand with some clay	45	43	G	ttings: ravel pack Yes 🔲 No :	Size range of material 28	HOW
sand with aup.	103	81	9 St	atic water level	Date 4-21-75	Ι.
sand, some augo clay losse orduel	81	110	10 Pu	mping level below land surf	faces:	
rock and aun. with hard gravel	110	114		58 ft. after 2 hrs. ft. after mhrs.		A
sand with some clay	1111	124	Est	rimated maximum yield ater sample submitted:	⊇Q g.p.m.	
sarie cater some crag	114	אנט ל		Yes No Date	·	
genow	137	140	_	ell head completion: Pitless adapt er unit [Inches above grade	
PPINK 12A'			13 W	ell grouted? 🔀 Yes	□No	
BROOK 139"				Neat cement Bentonit pth: From ft. to		
· ·			14 N	earest source of possible cor	ntamination: Septi	C
				ell disinfected upon comple		, XI
			15 Pu M		Not installed	
			М	odel num [36,25502 4 ngth of drop pipe <i>126</i> , ft	b. capacity 20 g.m.p.	440
			Ţу	ge:	_	A
				Submersible Uet	Turbine Reciprocating	
(use a second sheet if needed)	<u> </u>		17 11	Certrifugal [Other	
3/63 (TOPO)			Th	is well was drilled under my	/ jurisdiction and this	
Topagraphy:			re _l	port is true to the best of my BC_Drilling (knowledge and belief.	
☐ Hill ☐ Slope				siness name	License No.	/
Upland Valley				gned Authorized represer	manufacte 7-5	75
L_J *MILEY				•)	l

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

Form WWC-5