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

WATER WELL RECORD KSA 82a-1201-1215

sec 1/4 1/4 1/4 No.

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

				_				,	1
1 Location of well:	ation of well: Township name Fraction		۱ ۸	Section number		Town number		Range number	
Location of well:	McKern	popler	SWIODER of	27		7195		4W	
	ion from nearest town or ci		11 / 3 Owne	er of well	: 8 F) 	Culver		
Street address of we	Il location if in city:	1/4 Dec East Co	neway Addi				ANS AS	20 11	
Sileer address of we			Hanser.	,			mell	Leron, Hour	674
Locate with "X" in s	section below: N	Sketch map:				4 We	ell depth: 135 ft. [ell diameter 2" in.	Date of completion	13-
	1 1 1						- 4	7. 0.	ł
]	1			_	Cable tool X Rotary [Bored Reverse rotary	
			well /				e: Domestic Public		1
w	.¦ E	- ⊗) /			0 03		anditioning Commercial	
		Fish	7 1				Test well		
		BARA	See				sing: Material Duc		
L	1 1 1		· /E				readed 🗌 Welded 🔀		
	S 1 Mile					Di J	am. 136ft depth.	Weight lbs./ft Drive shoe? Yes X No	ľ
2				_	Ι.	_	in. to ft. depth	Arte side.	
	Тур	oe and color of material		From	То	8 Sc	reen:	10	1
Dark	Jop Lee	$\cdot \ell$		0	6		anufacturer Orlean		
reatific	Stop see		***	_	1	_	pe <u> </u>	• • • •	
Dray	Clayo			6	14	_	t between 45 ft. and		
62 1				14	21	Fi	ttings:	Y8 - Y4"	
Guff a	lays			//-	01		ravel pack 🔀 Yes 🗌 No		-
Bouch	Onus)	(Lost circu	Calla.	21	30	9 St	atic water level: ft. below land surface	Date 9-26-75	
B11	ellow clay		-	30	55		mping level below land sur		1
Buffy	ellow weary	<u> </u>		20		2	5 ft. after <u>2</u> hrs	. pumping <u>7.5</u> g.p.m.	
Derly,	fine Dr	y sands	·	55	60		ft. after hrs		
	2	A	2. \ 40	/	OA		imated maximum yield 🗸	g.p.m.	ł
meda	ands (From Opid	Les Jacob	60	8 G		ater sample submitted: Yes 🔀 No Date	e	
1 Very Le	in sonde			80	85		ell head completion:	1.11.11	1
72 19	<u> </u>	<i>(</i> ? •			01	K	Pitless adapter	Inches above grade	
Med	Egus so	udo_		85	76		ell grouted? 🛣 Yes	N₀	
Blue	(Olaser)			96	102		Neat cement Bentoni		_
2 . 1		2 -							~
Med	Egus soi	wes)		02	130	ft	earest source of possible co . <u>100</u> Direction <u> </u>	Type Jepine	4
Being	shale			30,	135	w	ell disinfected upon comple	etion? 🔀 Yes 🔲 No	
						15 Pu		Not installed	
						1	anufacturer's name odel number	HP Volts	7
							ngth of drop pipe		,
					T	Ту	pe:	_	\ ^
						. =		Turbine	
	(use	e a second sheet if needed)				-] Jet] Certrifugal	Reciprocating Other	\ \
16 Remarks: elevat	`					17 W	ater well contractor's certi		1
						l	is well was drilled under m)
T						re	port is true to the best of m		,
Topography:						1	siness name	Sm 138 Lincense No.	2
Slope	-						ddress Bay 150	Lendsborg Ko	20
₩ Upland							aned Wally Di	11.00 moute 9-27-	75 8
Valley						<u> </u>	Authorized represe	entative	1 .
Forward the white, bl	lue and pink copies to the	Kansas State Dept. Of Hea	alth.					Form WWC-5	2 (