USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, sec 1/4 1/4 1/4 No. PRINT CLEARLY. WATER WELL RECORD Kansas State Dept. Of Health KSA 82a-1201-1215 (Water Well Contractors) Forbes-Bldg. 740 Topeka, Kansas 66620 Fraction Section number Town number Range number 205 VW NUME Distance and direction from nearest town or city: 2 Address: Street address of well location if in city: 40 ft, Date of completion 8-6 Locate with "X" in section below: Well diameter _ 5 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary 6 Use: Domestic Public supply Irrigation Air condition Test well 7 Casing: Material Cheight: 100ve Threaded Welded KiSurface 12-in. Weight 120 bs./ft/20 -1 Mile-**2** in. to **UD**it. depth Drive shoe? ☐ Yes ☐ No From Type and color of material Τo 8 Screen: Ô 10 Fittings: 23 40 Gravel pack Yes No Size range of mate 9 Static water level: ∠O ft. below land surface Date 🎗 10 Pumping level below land surfaces: _ ft. after _____ hrs. pumping _ __ ft. after _____ hrs. pumping ____ g.p.m. Estimated maximum yield -11 Water sample submitted: Yes No Date _ 12 Well head completion: Pitless adapter Inches above grade □ No 13 Well grouted? Yes ☐ Neat cement ■ Bentonite ☐ Depth: From ft. to ft. 14 Nearest source of possible contamination: __ Direction _ Well disinfected upon completion? Yes Not installed 15 Pump: Manufacturer's name ... HP _ Volts ... Model number ____ Length of drop pipe ___ _ ft. capacity ____ g.m.p. Type: Submersible ☐ Turbine ☐ Jet Reciprocating Certrifugal (use a second sheet if needed) Other 16 Remarks: elevation 17 Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Topography: Hill 🔀 Slope

Upland
Valley