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

WATER WELL RECORD KSA 82a-1201-1215

T	R	EW	sec 1/4 1/4 1/4 No.

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

	County	Township name	Fraction		Section	on number		Town number	Range number
1 Location of well:	PAWNER		SW S	E	<u> </u>	32]	205	19W
Distance and directi	ion from nearest town or cit	y: 5N2	W 3	Owner	of well	:	Sa	M Free	2/and
Street address of we	Il location if in city:	Pozel, Ka.		Addre	55:	R1		HON, KO	
Locate with "X" in s		Sketch map:	<i>\(\(\)</i>			<u>/ / </u>	// 0		Date of completion 5-
Locate with "A" in s	section below:	экетсп тар:						diameter in	
	1 1 1							able tool 🗶 Rotary	Driven Dug
							Пн	ollow rod 🔲 Jetted	☐ Bored ☐ Reverse rotary
w	.''						6 Use:		lic supply Industry
"								☐ Irrigation ☐ Air☐ Test well ☐ ☐ ☐	conditioning Commercial
	!!						7 Casin		Height: (bove below
<u> </u>	i X i						Three	ided 🔲 Welded 🗌	Surface 12 in.
<u> </u>	S Mile———						Diam		Weight Ibs./ft Drive shoe? Yes No
2	· ·	1 1 6		T				in. to ft. depth	
	Тур	e and color of material			From	То	8 Scree	44	DI
	To	oSoil-C	dv		0	30		PVC	P
	,	/	/		7 .,	// //		gauze 1/0	Length
		OLNG			<u> 30</u>	40			d 60 ft
	<u>Sd</u>	Nd - Hra	ve1		40	60	Grav	igs: elpack 🗶 Yes 🗌 N	o Size range of material
							9 Static	water level:	_
							-3	Oft. below land surfa	ice Date <u>5-1-75</u>
								ing level below land s	urfaces: rs. pumping g.p.m.
								ft. after h	rs. pumping g.p.m.
			.,					ated maximum yield _	20 g.p.m.
				-				r sample submitted: es IX No De	ate
								head completion:	17"
								tless adapter	Inches above grade
								grouted? 🔀 Yes	□ N ₀
			., n					eat cement 🔲 Bento : From 🏒 ft. to	
						Ī			contamination: NONE
11.000.00							ft	Direction disinfected upon comp	Type
			****				15 Pump		Not installed
							•	facturer's name	
									HP Volts
			** 4	+			Type:		ft. capacity g.m.p.
							=	ubmersible	Turbine
	(use	a second sheet if needed)					=	et ertrifugal	Reciprocating Other
16 Remarks: elevati								well contractor's cer	
									my jurisdiction and this
Topography:							report	is true to the best of	my knowledge and belief.
□ніп							Busine	ess name Do	License No.
Slope						`	Addre		reat DONA KS
Upland Valley							Signe	Adthorized repre	sentative Date