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

WATER WELL RECORD

A The M

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

NI NESE Fraction Township name Section number County Town number Range number 1 Location of well: HIGHPOINT Distance and direction from nearest town ar city: 9 MILES South3 Owner of well: 7 MI PAST 19 MISIUTH FROMI
Street address of well location if in city: NESS CITY

Address: Locate with "X" in section below: 5 Cable tool X Rotary Driven Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary 6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial Test well ___ 7 Casing: Material JTVR Bull Eabove Letow Threaded Welded Surface 12 in. Diam. Weight 23 VIAVAT. -
Jin. to 19ft. depth Drive shoe? Yes No Weight 2 50 HUALL _ in. to ____ ft. depth! Type and color of material 8 Screen: Manufacturer 1+L Fittings: Gravel pack X Yes No Size range of material Static water level:

2 ft. below land surface Date 10 Pumping level below land surfaces: _ ft. øfter 🚄 rs. pumping _ Estimated maximum yield 11 Water sample submitted: Yes 💹 No 12 Well head completion: Pitless adapter Daches above grade 13120 CK = 13 Well grouted? Yes Neat cement Bentonite Depth: From 3 ft. to 45 ft. 14 Nearest source of possible contamination: Type U.S. Well disinfected upon completion? XYes 15 Pump: Manufacturer's name
Model number TH 15 HP 1/2 Volts TT
Length of drop pipe 13 ft. copacity 2 g.m.p. Manufacturer's Type: Submersible ☐ Turbine ____ Jet Reciprocating (use a second sheet if needed) Certrifugal Other 16 Remarks: elevation OWMER TO POUR 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 Authorized representative **V**alley

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

Form WWC-5