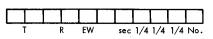
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD KSA 82a-1201-1215



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

		·						
1 Location of well:	MelMerax	Township name	Fraction NF/4	SF /4 Sec	ion number	, 	Town number T-20-5	Range number
Distance and direction	on from nearest town or cit	2 /2 do m	Plus	3 Owner of we	1132	ille	y Potter	. ,
Street address of well location if in city:  Address: Address:							Me fler	ex, Kou,
Locate with "X" in se	ection below: N	Sketch map:				4 We	II depth: 23 ft. D	ate of completion 4
<b>X</b>	E	Hoof	Hope	_		5 🗌	Cable tool Rotary Hollow rod Jetted Domestic Public	Bored Reverse rotary
		Ø []*				The	Test wellH sing: Material PVC H readed Welded X S	eight above) below urface 22 in.
	1 Mile				1	2	in. to <b>23</b> ft. depth D in. toft. depth!	/eight lbs./ft rrive shoe? Yes No
2	Тур	e and color of material		From	То	8 Sci	reen: B. T.	07 l
		Top Soi	<u>P</u>	O	3	Mo Tyr	pe Pre.	ia. 5"
	L Oc	uk cla	us)	3	7		ot/gauze	23 ft
	Rec	1 Bull C	Claye	7			tings: avel pack 🛣 Yes 🗌 No	Size range of material
	9 0	Pine ro	K		47		itic water level:	Date 4-17-73
	Shu	y Que	)	47	52	10 Puj	mping level below land sur	aces:
	Tine	e sands	+ Clays	v 51	55		ft. after A hrs. ft. after hrs.	pumping g.p.m.
71	rel Ceare	e end 4	Shaw	l 55	75	11 Wa	imated maximum yield iter sample submitted: Yes  No Date	
						12 We	II head completion:	Inches above grade
						X	II grouted? Yes	
		,				14 Ne	oth: From ft. to earest source of possible con	ntamination:
							Direction A	
						15 Pur	mp:	Not installed
					-	Mo	odel number h	
						<u> 171</u>	pe:	Turbine
	,				+	1 🗀	Jet [	Reciprocating  Other
(use a second sheet if needed)  16 Remarks: elevation  Topography:  Hill  Slope  Slope						17 Wa Thi	ster well contractor's certification with the service of the best of my cort is true to the best of my cort.	ication:  / jurisdiction and this / knowledge and belief.
☐ Hill ☐ Slope  >☐ Upland ☐ Valley	æit fl							License No.  // Nosbon FALS  fluster Date 4/8 //

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

Form WWC-5