willed 1/25

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

Ţ	R	EW	sec	1/4	1/4	1/4	Νo.

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

			KSA 820-1201-1215 W				(Water Well Contractors) Forbes-Bldg. 740	
			ALL S	1114			Topeka, Kansas 66620	
1 Location of well:	Me Therson	Township name	Fraction	Sec.	tion number	Town number	Range number	
	on from nearest town or cit	y: / /////-/	1/2 1/	3 Owner of w	ell: W	INSTON MAL	Per 2	
Street address of wel	II location if in city:	Rove LAN	d KANS.	Address:	P.P.	2 Me Phe	RSON, MANS.	
Locate with "X" in s	ection below: N	Sketch map:	1,		•	4 Well depth: 17 Well diameter	t. Date of completion -35-75	
,	(C SWNW	14			5 Cable tool 🔀 Rotary Hollow rod Jetted	☐ Driven ☐ Dug ☐ Bored ☐ Reverse rotary	
w						Test well	ir conditioning Commercial	
	1					7 Casing: Material 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Height: above/below Surface J in. Weight lbs./ft	
	Mile					5"in. to//2 ft. dep	oth Drive shoe? Yes No	
2	Тур	e and color of material		From	То	in. to ft. dep	Set Stream	
Jop of	wil	100		ن	2	Manufacturer XIIII	Dia. 5"	
Butt	plays			2	82	Slot/gauze	Length 20 jest	
med :	Eque so	ade		82	112	Fittings: Gravel pack 🛣 Yes 🗌	No Size range of material 1/8 - 1/4	
dark	Olayo			112	129	1 0 0 1 1 1	face Date 1-25-75	
Red St	lale			129	132	10 Pumping level below Igno		
						ft. after Estimated maximum yield	hrs. pumping g.p.m.	
1468				-		11 Water sample submitted:	Date	
129						12 Well head completion:	150"	
1339		44004.044				Pitless adapter 13 Well grouted? XYes	Inches above grade	
						Neat cement Ben		
					_	14 Nearest ource of possible	e contamination:	
		·				Well disinfected upon co	mpletion? X Yes No	
						15 Pump: Manufacturer's name	Not installed	
						Model number Length of drop pipe 	HP Volts 230 ft. capacity L g.m.p.	
						Type: X Submersible	Turbine	
	(use	a second sheet if need	ed)			Jet Certrifugal	Reciprocating Other	
16 Remarks: elevati	on			•	-	17 Water well contractor's c		
1468 TOP	2					This well was drilled unde report is true to the best of	er my jurisdiction and this of my knowledge and belief.	
Topography:							Bros INI 138	
☐ Hill ☐ Slope						Business name Address Box 150	License No.	
 ■ Upland						Signed Authorized rep	Fellison Date 1-25-75	
Valley						1		

WATER WELL RECORD