WATER WELL RECORD KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

County	F	raction		Section	number	Township :	number	Range nu	mber	
1. Location of well:	eren 1	N 1/4 /VW 1/4/	Vw 1/4	2	5-	T o	20	S R_	4	©
2. Distance and direction from nearest	1 -	E	3. Own	er of wel	~ 1.11	nd H	lenry	Ba	erg	
Street address of well location if in cit	Y: Grove	bad	R.R. or City, st	street: tate, zip	ゟゟ゚ code: J	nma	n Ka			
4. Locate with "X" in section below:	Ske	tch map:				6. Bore hole	_	in. Completic	n date	7.4
· X · ·							e tool K ota		n Dug	
NW NE						Holle	ow rod Jette	edBored		e rotary
W I I E						8. Use: -	Domestic Irrigation	,		· 1
SW SE						9. Casing:	- D	Oil field wate		
						Threaded	Welded	Surface	13	in.
S 1 Mile						Dia. Sin	10 2 Qt. d	lepth Wall Thi		
5. Type and color of material				From	То		toft.d Manufacturer'			
700	20:1			0	1	Type	AN	lm_Dig	3-4	
Vallow.	2 Rod	Clar		1	30	Slot/gauze	780	Length	10'	
P	0 5	Cracy		3	40	Set between	ft	and	يول ر	-"· 3.
1120	01			40	10	Gravel pack	vater level:	range of mate		/day/yr.
xe110w	Clay			10	76	V 3	ft. below land			
Medium	San	<u> </u>		75	05	P 4	g level below le after	_ hrs. pumping		1
Gray C	lax			06	76	Estimated m	. after <u> </u>	_ hrs. pumping	2	g.p.m.
Mediun	, Jan	d		76	100	13. Water s Yes	ample submitted	d: Date	mo./	day/yr.
14/e 6:0	in to a	lourse	Sand	100	120		ad completion:		hes above g	rado
				<u> </u>		15. Well gr		- Inci	nes above g	ude
						With: Depth: From	Neat_coment _ ft.	1-4		oncrete
						16. Negrest	source of possi	ible contamina	tion: P	Prie
						1	ected upon com		Yes	No
						17. Pump: Manufacture	er's name	Not	installed	
						Model numb	op pipe	HP	Volt	
						Type:			Turbine	` `
	/II.	. if				Jet	trifugal	_	Reciprod Other	ating 📡
18. Elevation: 19. Remarks:	Use a second shee		n Ca	60.	10%	20. Water	well contractor		- 1:	
			1 ell	701	· @, v &	11113 11011 111	as drilled under e best of my kn			
Topography:	barov	na u	e11			Business non	KHU	P	19/	90 ∑
Slope	444	7				Address	Jan	Ba	Ko.	nse No.
Upland Valley	· · · ·					Signed	Authorized	representative	2 20	الألحث
orward the white, blue and pink copie	s to the Department of	Health and Environmen	ot					•	Form WWC	5 ~ J