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

## WATER WELL RECORD KSA 82a-1201-1215

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Ť	R	EW	sec	1/4	1/4	1/4	No.

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

1 I ambie of "	County	Township name	Fraction	Fraction Section		Section number		Town number	Range number	
1 Location of well:	Stafford	Putnam	NE of	NE		7		T21S	R11W	
14% m1. Northeast of Hudson, Kansas					Okn	Okmar Oil Co. Hays, Kans <b>a</b> s				
Locate with "X" in s	section below:	Sketch map:		I			4 Wel		ate of completion $6-5-7$	5
	- <b>x</b> -						5 🗌	Cable tool X Rotary Hollow rod Jetted	Bored Reverse rotary	
w	E							Test well S	nditioning [] Commercial tyrene	
	S S						Thr Dia	ing: Materia <b>s XAAX</b> H eaded Welded <b>X</b> ISI m. W	urface 12 in. /eight 1.5 lbs./ft	
2 ,	1 Mile	e and color of material		T	From	То	5	_ in. to 37 ft. depth D _ in. to 80 ft. depth	rive shoe? Yes XXNo	
m						,		nufacturer <u>Jess &amp;</u>		
Top soil					0	4	/Slo	e <b>Styrene 200</b> D gouze1/8 Le	enath	
Brown & gra	•				4_ 35	35 45	Fitt	between 37 ft. and sings: 80 & 90 level pack X Yes No S	0' <sub>3/8-</sub>	200
	& limestone				45	78	9 Stat	ic water level:  ft. below land surface		
Sand & gra	vel				78	90	10 Pum	ping level below land surf	pumpingg.p.m.	
			7.00				Esti	mated maximum yield		
								ter sample submitted: Yes <b>XX</b> No Date		
							1 —	1 head completion: Pitless adapter 12	Inches above grade	
		· · · · · · · · · · · · · · · · · · ·	W-1				kzk	I grouted? <b>KX</b> Yes Neat cement ☐ Bentonit th: From ft. to	□ № • □ 10_ ft.	
							14 Nec	nonFe KNOWN con	tamination:	
		·						II disinfected upon complet		
							Mai	nufacturer's name del number H	<u> </u>	
								gth of drop pipe ft		
									Turbine Reciprocating	
	(use	a second sheet if needed)	4				_	Certrifugal	<b>=</b> '	
16 Remarks: elevati	ion						This	er well contractor's certifi well was drilled under my ort is true to the best of my	jurisdiction and this	
Topography:  Hill Slope Upland							Busi	0/1///	License No. XX Kansas Date 6-5-	5
☐ Valley								Authorized represen	IIGI17E	