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

7 R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD KSA 82a-1201-1215 Kansas State Dept. Of Health (Water Well Contractors) Forbes–Bldg. 740 Topeka, Kansas 66620

NW SW SW

	County	Township name	Fraction	17 :	Section	on number	· T	own number	Range number
Location of well:	PAWNEE	GRAM	SW	4		4		21	19
stance and direction	on from nearest town or cit のもらすった人 Il location if in city:	HAI NOR	TH	3 Owne	r of well	L	ORA	WO	P.S
eet address of wel	I location if in city:			Addr	ess:	RI	NSL	EV	KANSAS
ate with "X" in s		Sketch map:							KAKISAS ft. Date of completion 210
	N i I I							ameter	in. / Driven Dug
								low rod Detted	
w							. ≃	x =	Public supply Industry Air conditioning Commercial
	i i i							Test well .	
*	1						7 Casing: Threade	•	Surface Lin.
<u></u>	S Mile			٠			Diam		Weight 250 WAFLL phth Drive shoe? Yes No
	•			5	F	7.		n. to — ft. de	
		e and color of material			From	То	8 Screen:	cturer 5	L
<u> </u>	6PSUL.	+BROWN	CLA	/	0	16	Type _	STYRE N	P Dia
		CLAY"			16	24	Slot/ga Set bet	ween 24 ft.	Length
	GREY L	/ _	1/44		24	47	Fittings	i:	No Size range of material W
	- 1		777		3-7	1100	9 Static v	vater level:	
	HE 1100	CLAY	• • • • • • • • • • • • • • • • • • •		<u> </u>	4 73			urface Dote 2/ Cuy
							10 Pumpin	ft. after	nd surfaces: hrs. pumping
								ft. after ed maximum yield	hrs. pumping g.p.m.
	*						11 Water s	ample submitted:	
						Ì	12 Well be	No ead completion:	Date
							1 `	ess adapter	<u>Linc</u> hes above grade
		,						outed? Yes	No entonite
	dis						Depth:	Fromft.	to Art.
-		2 44					ft. 🕰	AO Direction	le contamination:
							Welldi	sinfected upon c	ompletion? Yes No
			•	τ,			15 Pump: Manufa	icturer¹s name	REOA
							l .	number 709 of drop pipe 30	HP 1/2 Volts 23
							Туре:		` _ '
							Sub	mersible	☐ Turbine☐ Reciprocating
		a second sheet if needed)				<u> </u>	 	trifugal	Other
Remarks: elevati	on						1	well contractor's Il was drilled und	certification: der my jurisdiction and this
Topography:							report i	s true to the best	of my knowledge and belief.
☐ Hill							Business	name	License No.
☐ Slope							Address	THE NST	CALDERINA 2
Upland							Signed	Authorized re	presentative