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

WATER WELL RECORD KSA 82a-1201-1215

T	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 Location of well:	PAWNEE	BRIWNS GROVE	Fraction SW 1/4	Section number			Town number	Range numb		
Distance and direction from nearest town or city: 1457 3 TREET  OP HICHMAN WESTOF BORDETT  Street address of well location if in city:  Address:  BURDETY KANSAS										V
Locate with "X" in section below: Sketch map:				700			4 Well depth: 125 ft. Date of completion 291 well diameter 5 in.			
							5 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary  6 Use: Domestic Public supply Industry			
w	E							Irrigation	Air conditioning 🗌	Commercial
	<b>¼</b>						Thre	eaded Welded	Surface 12 Weight 50 opth Drive shoe?	in.
2	Type	e and color of material			From	То		_ in. toft. de	epth Drive shoe?	Yes No
le	ill tops	01/			8	4	8 Scre Mar	en: nufacturer 577 STVRE	h /	<del>-</del> ,
WHIT	E p.ck	x C/Ay			4	8			Length and ft	0
		NPSTON	<u> </u>		8	14	Fitti	ings:	No Size range of m	
BLU	E SHA	LE			18	46	9 Stati	ic water level:  ft. below land s	urface Date <u>29</u>	Any 7
REP	SAND:	STONE			416		10 Pum	ft. after	nd surfaces: _ hrs. pumping /	
	D CLA	•			55		Estin	ft. after nated maximum yield	_ hrs _ pumping	g.p.m.
FAIR					81	89	_ □ Y		Date	
		LE OR CI			112	125	12 Well	head completion: Pitless adapter	/ Inches above	grade
	P C/AY	SANPSTO	11/15			140	<b>⊠</b> r	grouted? Yes	□ No ntonite □ ——	
// //	1 0/29					740	14 No.	h: From ft.		
							ft.€	Direction disinfected upon co	EASY Typ	BIT RRIWY
								ufacturer's name	REDA	d
					_		Leng	el number <b>70-710</b> oth of drop pipe <b>5</b>	1 1	/olts <b>220</b> 2 g.m.p.
							=	e: Submersible Jet	☐ Turbine	
		a second sheet if needed)			-		آ ا	Certrifugal	Reciprocatin	9
16 Remarks: elevation Z   3 Z							This		certification: ler my jurisdiction ar of my knowledge an	
Topography:							PE.	AN WATE	RHOUSE	ORIII 7324
	JUST OU	TOPAWNE	E E VA	LLE	· <i>y</i>			ed Authorized re	N KANSA	

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

Form WWC-5