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

WATER WELL RECORD KSA 82a-1201-1215

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1	R	FW	sec 1/4	1/4 1/4 No.

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

	WATER WELL RECO KSA 82a-1201-121				(Water Well Contractors)
					Forbes-Bldg. 740 Topeka, Kansas 66620
1. Location of wall HARVE   Township name  EMMA	5 W/4 SW	/	n number	Town number 22	Range number
Distance and direction from nearest town or city: 2 E / 10 M	10F 3 OW	ner of well	DA	IE HOCKST	etler
Street address of well location if in city: RW HESSTO	Ado	dress: So	X32	26 HESSTON	KANS
Locate with "X" in section below: Sketch map:		- 1	,	4 Well depth: 54 ft	. Date of completion
N N	HOUSE	, .	ed T	Well diameter in  5	
Will [	7	1.2	, ,	Hollow rod Jetted	Bored Reverse rotary
w E × Driv		<u></u>		6 Use: ☑ Domestic ☐ Pu ☐ Irrigation ☐ Ai	blic supply Industry r conditioning Commercial
X			/s	7 Casing: Material	<b>S</b> hirit 1 4 <b>*</b>
	5 <i>e</i> 77	KI	PAR	Threaded Welded	Surface in.
S 1 Mile	^			Diam. 5 in. to 54 ft. dep	Weight lbs./ft th Drive shoe? Yes No
2 Type and color of material		From	То	in. to ft. dept	
TOP 50;1		0	/	Manufacturer Type 200	5: 5 in
l <i>(</i> /	D = O = T	1	20	Slot/gauze	Length 30 B1
CIAY ReddisH Brown COA	LSO	20	38	Fittings:	rnd <u>54</u> ft
SAALE GYAY	-J&	38		Gravel pack X Yes 1	-1
5 7 7 7 8 8 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7		50	54	ft. below land sur	face Date/2-/0-75
		1 .			hrs. pumping 2 g.p.m.
		4		Estimated maximum yield	hrs. pumping g.p.m.
		1		11 Water sample submitted:  Yes No	Date By sweet
		1		12 Well head completion:  Pitless adapter	☐ Inches above grade
				13 Well grouted? Yes	□ No
				Neat cement Rent	
				14 Nearest source of possible ft Direction	contamination:
				Well disinfected upon con	npletion? Yes No
				15 Pump:  Manufacturer's name	Not installed
				Model number Length of drop pipe	HP Volts ft. capacity g.m.p.
				Type: Submersible	☐ Turbine
(use a second sheet if need	ed)			☐ Jet ☐ Centrifugal	Reciprocating Other
Topography:    Hill   D PRILLE DE A	Ale Pou	ree	)	17 Water well contractor's ce	ertification:
1 1. to lesston	installed	lu	,	1 10 10 -0	f my knowledge and belief.
Topography:	n Spring det	60		Business name	License No.
Slope  Slope				Address // Sur Signed	Mario Date J-1921
☐ Valley	0			Authorized rep	resentative

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

Form WWC-5