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

WATER WELL RECORD KSA 82a-1201-1215

				لسلبيلسا
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

	County	Township name	Fraction		Section	on number		Town number	Range number	
1 Location of well:	Danne		SE/5E/	50 1/2		18		22	15-	
Distance and direction of Section Street oddress of we	ion from nearest town or cit / South B Il location if in city:	vest of Sur	ned, te	3 Owner of Address		R	43			
Locate with "X" in	section below:	Sketch map:					4 \	Well depth: <u>60</u> ft. D Well diameter <u>8</u> in.	ate of completion <u>6-3</u> ·	75
								Cable tool Rotary Hollow rod Jetted	Driven Dug Bored Reverse rotary	
w	! ! ! E							Test well	nditioning Commercial	
	\$						1		urface <u>18</u> in . /eight <u>160</u> lbs ./ft	
2	Mile	e and color of material		T.	rom	To		4 in. to 40ft. depth D in. toft. depth	rive shoe? Yes MNo	
74-2	2 - 1	e ord color of indignal	,		<u> </u>	10	ı	Screen: Manufacturer <u>4.9</u>	3	
Brus Clas					2	11	4	TypeD Dot gauze Le Set between Oft. and	ia. <u>4</u>	
Broun	sandy	clay			16	18	F	Fittings: Gravel pack 🗘 Yes 🗌 No S	31.30.16	3
Gray.	+ white	elay .			18	24		Static water level:	Date 6-2-75	
Fine	sand				74	26	10 F	Pumping level below land surf	aces: NA.	
Sand.	1 grand,	Man, Con	use , los	se å	26	56	-	ft. ofter hrs.	pumping g.p.m.	
Gellow B.	our light	gray C	lay		56	60	11 y	Water sample submitted:		
							12 V	Well head completion:	Inches above grade	
-							13 V		□ No • □	
							14 1	Nearest source of possible conft.	ntomination:	te sh
								Well disinfected upon comple	tion? Yes No	
			·				٨	Manufacturer's name	<u> </u>	
							į.	Model number H .ength of drop pipe ft	P Volts . capacity g.m.p.	
							_	Type: Submersible	☐ Turbine	
	(use	a second sheet if needed)						☐ Jet ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Reciprocating Other	
16 Remorks: elevoti	ion						T	Vater well contractor's certifi his well was drilled under my	jurisdiction and this	
Topography:								eport is true to the best of my	knowledge and belief.	
☐ Hill ☐ Slope						,	В	Ausiness name	d. You	
Upland Valley								Authorized represen	dan Date 6-3-	35

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

Form WWC-5