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 1	County	Township name	Fraction	_	Section number			Town number	Range number	]		
1 Locotion of well:	Pawnee	Logan	SW of	SW				T22S	R15W	j		
	Distance and direction from nearest town or city:  3 Owner of well:											
Street address of well location if in city:  Address:							i					
Locate with "X" in section below: Sketch map:						Lam	ned, Kansas  4 Well depth: 50 • ft. Date of completion5-22-					
Locate with "X" in section below: Sketch map:  N							Well diameter 21 in.					
	1 1 1						5 Cable tool Rotary Driven Dug					
	iii						☐ Hollow rod ☐ Jetted ☐ Bored ☒ Reverse rotary					
w    E							6 Use:	Domestic Public	supply Industry			
							Test well					
x							7 Casing: Materia teel Height: above below					
<u> </u>	S .						Threaded					
	→1 Mile→					,						
2	Туре	e and color of material			From	То	8 Scre	in. toft. depth!		┨		
							Mar	ufacturer Doerr				
Top soil				+	_0_	_3	Тур	Double-slot o	a. 16"			
Brown clay	y				3	16	Set	$y_{\text{gauze}} = \frac{1/8}{30}$ Lebetween $\frac{30}{5}$ ft. and $\frac{5}{5}$	0 ft.			
Sand & gra	eval				16	50		ings: vel pack 🔀 Yes 🔲 No S	3/8-	200		
Duna & EL	d.V.V.				10_	30		c water level:	ize range of material	1		
			——————————————————————————————————————			_	18	ft. below land surface	Date <u>5-22-</u> 75			
								ping level below land surfa	•			
								ft. after hrs. ft. after hrs.				
	· · · · · · · · · · · · · · · · · · ·					<u> </u>		nated maximum yield	g.p.m.			
						<u> </u>	11 Wata 	er sample submitted: 'es 🔀 No Date				
							12 Wel	head completion:				
									Inches above grade	ļ		
								grouted? 🔀 Yes 📗 Neat cement 🔲 Bentonite	□ No :: □			
							Dept	h: From <u> </u>	<u> 10</u> ft.	-		
								NONE KNOWN rest source of possible cont  Direction —				
				İ			Wel	disinfected upon completi	ion? Yes X No			
			0.1.1				15 Pump	· · · · · · · · · · · · · · · · · · ·	Not installed			
								ufacturer's name HF el number HF	Volts			
								th of drop pipe ft.	capacity g.m.p.			
							Type	_	Turbine			
				ľ					Reciprocating			
(use a second sheet if needed)							Certrifugal er well contractor's certific	Other				
16 Remarks: elevation								well was drilled under my				
Topography:								rt is true to the best of my	-			
□ Hill							Clarke Well & Fq., Inc. 185  Business name  License No.					
Slope								ess Great Ben	d KS 4 = 5-22-	75		
☐ Upland ☐ Valley							Sign	Authorized represent	tative	<u>ا``</u>		

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

Form WWC-5