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

WATER WELL RECORD KSA 82a-1201-1215

	Τ	1 1	
T	R	EW	sec 1/4 1/4 1/4 No
		(Wat Forb	as State Dept. Of Health er Well Contractors) es-Bidg. 740 eka, Kansas 66620

								'	opeka, Kansas occzo		
1 1	County Township name Froction			Section	on number		Town number	Range number]		
1 Location of well:		Pleasant Grov	leasant Grove NW ¹ 4 6			6	T22S R16W				
t	ion from nearest town or ci	•		3 Owner	of well	ı.	K Ral	ph Baird			
1 mi. West of Larned, Kansas Street address of well location if in city:			Addre	ess:		Larned, Kansas					
Locate with "X" in section below: Sketch map:						4 Well depth:					
-x!					,						
w E								6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial Test well			
S Mile							7 Casing: Materia Stee1 Height: above below Threaded				
2						То					
Top soil					0	3	Typ	nufacturer <u>SEE BI</u>	Dia. 16"		
Brown clay					3	8	Slot gauze ft Length				
Sand & gra					8	32	Fitt	ings: vel pack 🗶 Yes 🗌 No	3/8-	200	
Sandsto ne & Dakota clay					32	40_		ic water level: 9 _ft. below land surfac	e Date <u>7-8-</u> 75		
Sandstone					40	50		ping level below land sur		1	
Dakota clay					50	53	l —		pumping g.p.m. pumping g.p.m.		
								er sample submitted:	9.5	1	
							12 Wel	Yes KNo Dat I head completion:	e	-	
							1 —		Inches above grade		
							kax	l grouted? 😿 Yes Neat cement 🗌 Benton			
,					,			th: From O ft. to		-	
							ft.	————— Direction ————————————————————————————————————	Туре		
							15 Pum		Not installed	1	
			·· · · · · · · · · · · · · · · · · · ·				1	nufacturer's name del number	HP Volts		
							1		ft. capacity g.m.p.		
							Тур		Turbine		
	(use	a second sheet if needed)					_	Jet Certrifugal	Reciprocating Other		
16 Remarks: elevat						L	17 Wat This	er well contractor's certi well was drilled under m ort is true to the best of m	fication: y jurisdiction and this	-	
Topography: Hill Slope Upland	22	166	WH.	P			Clar Busi	ke Well & Eq ness name Iress <u>Great Be</u> j	Tnc. 185 License No.	75	

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

Form WWC-5