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

1

WATER WELL RECORD KSA 82a-1201-1215

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Į.	ĸ	EW	sec	1/4	1/4	1/4	No.	

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

1 (County	Township name	Fraction	raction Section number		Town number		Range number	ļ		
1 Location of well:	KXX Pawnee	Santa Fe	NW4 of	NW4		21		T228	R17W		
Distance and direction from nearest town or city: 3 Owner of well: A. A. Barger									1		
					dress: Larned, Kansas						
Locate with "X" in section below: N							4 Well depth: 30 ft. Date of completion $4-1-7$ Well diameter 9 in.				
X w							5	Cable tool Rotary I collow rod Jetted Domestic Public Air con Air con Air con Test well mg: Materia Tyre aded Welded Sisu	Bored Reverse rotary supply Industry ditioning Commercial aght: above below		
<u> </u>	1 Mile						_5_	in. to 16 ft. depth Dr			
2	Туре	e and color of material			From	То	8 Scre				
Top soil &	brown clay				0	16	Manufacturer <u>Jess & Lowell</u> Type <u>Stynene 200</u> Dia. <u>5"</u>				
Sand & gravel					16	24	Slot gauze 1/8 Length 10 t Set between 16 ft. and 26 ft.				
Dakota clay	у				24	30		ngs: vel pack 🔀 Yes 🗌 No S	3/8- ize range of material —	200	
								ic water level: £ft. below land surface	Date <u>4-1-</u> 75		
							_	ping level below land surfa — ft. after —— hrs. — ft. after —— hrs. nated maximum yield ——	pumping g.p.m. pumping g.p.m.		
			· · ·				11 Wat	er sample submitted: Yes XNo Date			
	<u> </u>		•					I head completion:	Inches above grade		
							Dept	grouted? X Yes Neat cement Bentonite th: From 1 ft. to 1 NONE NOWN rest source of possible cont Direction Direction	ft.		
		11 11 11 11 11 11 11 11 11					Wel	l disinfected upon complet		-	
							Mar	ufacturer's name	Volts		
								gth of drop pipe ft.			
	B. 1165								Turbine Reciprocating		
	(use	a second sheet if needed)					=	Certrifugal	Other		
16 Remarks: elevati Topography: Hill Slope Upland Valley	on						This repo Clari	1/1/1/	jurisdiction and this knowledge and belief. Inc. 185 License No. 1 KS	7 5	

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

Form WWC-5