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

## WATER WELL RECORD KSA 82a-1201-1215

			T				
							ш
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 number		Town number		Range number		
1 Location of well:	Location of well: Pawnee		Valley Center NW of		NW 30			R15W		
Distance and direction from nearest town or city:  6 mi Southeast of Zook Kaneas  Theodore Gingrich										
6 mi. Southeast of Zook, Kansas Street address of well location if in city:  Addre				<u> </u>						
Locate with "X" in section below: Sketch map:							4 Well depth: <u>55</u> ft. Date of completion <u>6-26</u> -7			
	N						We	I diameter9 in.		
x							_	Cable tool <b>ka</b> Rotary Hollow rod Jetted		
	1 1 1							: Domestic Public		1
w  ¦¦  E							Irrigation Air conditioning Commercial			
	. !!						7.6	Test well	Ale Calany Nation	-
	1 1 1						7 Casing: Material Styrence to above below Threaded Welded Spurface 12 in.			
S							Diam.   Weight 1.5 lbs./ft.			
2	-1 Mile					T .		in.toft.depth	Tive shoe r res zalivo	
	Тур	e and color of material			From	То	8 Scr		T arro 1.1	
Sandy top	soil				0	4		nufacturer <u>Jess &amp;</u> e <u>Styrene 200</u> 0:		
					,	10	Slo	gauze1/8 Le	ngth	
Brown clay	у	<u></u>			4_	12	Fitt	rings:	3/8-	200
Sand & sa	ndy clay				12	38		vel pack 🛣 Yes 🗌 No S	ize range of material —	
Sand & gr	avel				38	55		tic water level:  23 ft. below land surface	Date _6-26-75	
	•							nping level below land surfa	• _	1
								ft. after hrs. ft. after hrs.		
							1	mated maximum yield ——		
							_	ter sample submitted:		
								Yes X No Date  II head completion:		+
						1		·	Inches above grade	_
									No	
						ļ		Neat cement Dentonity		
								NONE KNOWN arest source of possible con		1
								Il disinfected upon complet		
							15 Pun		Not installed	1
								nufacturer's name del number H	P Volts	
								gth of drop pipe ft		
							l Ty <sub>F</sub>	_	Turbine	
						İ		Jet	Reciprocating	
(use a second sheet if needed)						<u></u>	17 Wa	Certrifugal ter well contractor's certifi	Other	-
16 Remarks; eleva	rion						1	s well was drilled under my		
Topography:							1 '	ort is true to the best of my	-	
Hill							CLar	ke Well & Equi	10	7
Slope							1	dress <u>Great Ber</u> ned <u>J. W. C</u>	no be Date 6-26	75
Upland  Valley						319	Authorized represer	ntative	1	

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

Form WWC-5