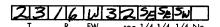
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD KSA 82a-1201-1215



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

County	Township name	Fraction		_	on number		Town number	Range number
1 Location of well: Paurel		SESI	SW		32		235	16 4
Distance and direction from nearest town or cit	3 most &	mast !	3 Owner	of well	Syr	list .	Dulling !	00
Street address of well location if in city:	- supue	· 1/0	Addre	55:		J	Now	m BI
Locate with "X" in section below:	Sketch map:					4 Well	depth: <b>20</b> ft.	Date of completed -20-7
							diameter in.	
						_		Bored Reverse rotary
W						1 .	☐ Domestic ☐ Publ	lic supply Industry conditioning Commercial
i i i							Test well	[Rield Hall Supply
•						l		ight: above/below
Ş Mile						Djam 4/ 🖀	. RMP	Weight 27 lbs./ft/20 Drive shoe? Yes No
2	and color of material			From	То		in. to ft. depth	
		0.0				8 Scree Manu	n: facture	Lowell
		Clay	<u> </u>	<u>5</u> .	21	Type Slot/	ORPM	Dja. 4
		Sand		21	50	Set be	etween 🚣 🙋 ft. and	d ZO ft.
<b>(</b> \		Save	2	50	70	Fittin Grave		o Size range of materia
						9 Static	water level:	ce Date <u>4-2</u> 0 75
				- 0,044			ing level below land surra	
								s. pumping g.p.m.
						Estimo	ated maximum yield	100 g.p.m.
						11 Water □ Ye	sample submitted: s <b>X</b> No Da	ite
						1 —	head completion:	
							tless adapter // grouted? Yes	Inches above grade
						□ N Denth	eat cement Benton	nite
						14 Neare	est source of possible o	ontamination:
			-			15.	OD Direction 2 disinfected upon comp	
		1,000				15 Pump:		Not installed
						1	facturer's name	HP Volts
						Lengt Type:	h of drop pipe	ft. capacity g.m.p.
	The state of the s		ļ.			☐ J	ubmersible	Turbine
(use a second sheet if needed)					. =	ertrifugal	Reciprocating Other	
16 Remarks: elevation	e e						well contractor's cert	ification: my jurisdiction and this
Topography:						report	is true to the best of	my knowledge and belief.
н <del>і</del> ш						Busine	s name	License No.
Slope Upland						Addre Signe		Man Dat Al 2016
Valley							authorized repres	sent nve

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

Form WWC-5