USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY,		T R EW sec 1/4 1/4 1/4 No.
PRINT CLEARLY. WATER WELL RECC K5A 82g-1201-12		Kansas State Dept. Of Health (Water Well Contractors) Forbes–Bldg. 740 Topeka, Kansas 66620
2110 - 0	$\frac{13}{\text{(mer of well: } C)}$	arl Bowsen
Street address of well location if in city: Hutchinson, Ks. Ad Locate with "X" in section below: Sketch map: N Storm	$\frac{1}{4}$	4 Hutchinson, Ks. 6750 4 Well depth: <u>42</u> ft. Date of completion <u>1-2</u> , 3-76 Well diameter <u>10</u> in. 5 Cable tool R Rotary Driven Dug
w	er S ystem	Hollow rod Jetted Bored Reverse rotary Use: Domestic Public supply Industry Irrigation Air conditioning Commercial Test well Casing: Material RML Heights above below
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	From To	Threaded Welded Surface In. Diam. Weight Ibs./// in. to Tt. depth Drive shoe? Yes No in. to ft. depth 8 Screen:
F sand - yellow clay + sand - yellow	0 25	Screen: Jessehbauell Manufacturer Jessehbauell Type M Staffgauze 3/32 Length 38' Set between 19 ft. and Fittings: 4
clay - yellow	39 42	Gravel pack Pres No Size range of material 9 Static water level: 2 ft. below land surface Date 1-23-76 10 Pumping level below land surfaces:
		Image: Stress of the second
· · · · · · · · · · · · · · · · · · ·		12 Well head completion: Pitless adopter 13 Well grouted? Yes No Neat cement Bentonite Depth: From
		14 Nearest source of possible contamination: Type 14 Nearest source of possible contamination: Type 15 Pump: Not installed
		Manufacturer's name Y Model number HP Volts Length of drop pipe ft. capacity g.m.p. Type: Submersible Turbine
(use a second sheet if needed) 16 Remarks: elevation Dwner Will Cement 4'x	4'	Jet Reciprocating Certrifugal Other 17 Water well contractor's certification: This well was drilled under my jurisdiction and this
Topography: Slab ground well. Hill Slope Upland Valley		report is true to the best of my knowledge and belief. Miller Water Well 137 Business name Address Hantchinson Signed Date -2 Authorized replesentative
Forward the white, blue and pink copies to the Kansas State Dept. Of Health.		Form WWC-5