USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, FW sec 1/4 1/4 1/4 No. R PRINT CLEARLY. JII: County Towner. WATER WELL RECORD Kansas State Dept. Of Health KSA 82a-1201-1215 (Water Well Contractors) Forbes-Bldg. 740 Topeka, Kansas 66620 Fraction Section number Town number Range number 25 4 QSE 1 Location of Ũ Distance and direction from nearest town or city: J South 3 Owner of well: Street address of well location if in city: of Hutch Address: Date of completio Locate with "X" in section below: Sketch map: Well dep N Well diameter _ in. 5 Cable tool Rotary Driven Dug . Hollow rod Jetted Bored Reverse rotary . 6 Use: Domestic Dublic supply Industry F Irrigation Air conditioning Compercise
Test well w 7 Casing: Material Threaded Welded Welded Weight 143 Ibs./ft/D Diam. S 4 in. to 65 -1 Mile ft. depth!Drive shoe? Yes No . in. to ft. depth 2 Type and color of material From То 8 Screen: Manufacture へ 'D Slopaguze 10 9 Set between . ft. and Fittings: 20 Gravel pack 🔀 Yes 🗌 No Size range of 9 Static water level: 2-75 ______ft. below land surface Date 🟅 10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping __ _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _ _____ g.p.m. 11 Water sample submitted: Yes No Date 12 Well head completion: U Pitless adapter Inches above grade **(**)) 13 Well grouted? 🔀 Yes □ No Neat cement 🖬 Bentonite 🗌 Depth: From ______ ft. to ______ ft. 14 Nearest source of possible contamination: Ŷ ft. _____ Direction _____ _ Type . Well disinfected upon completion? **∏**№ 3 Not installed 15 Pump: Manufacturer's name HP ____ ____ Volts __ Model number _ Length of drop pipe ____ _ ft. capacity ____ g.m.p. Type: Submersible Turbine Reciprocating 🔲 Jet Certrifugal Other (use a second sheet if needed) 17 Water well contractor's certification: 16 Remarks: elevation This well was drilled under my jurisdiction and this n report is true to the best of my knowledge and belief. m Topography: mal IH 3 ПнП License No. Slope Upland Sign Valley

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

Form WWC-5