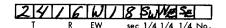
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD KSA 82a-1201-1215



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

MASSY#/							Forbes-Bldg. 740 Topeka, Kansas 66620	
1 Location of well:	Township name	Fraction SWNE SE		on number		Town number  2 45	Range number	
Distance and direction from nearest town or ci	14:2 molles	West 3 Owner	r of wel	ster	Li	ng Drille	ina Co	1
Street address of well location if in city	Begru /	ansas Addr	ess:	Herl	in	Massy	, 4/	
Locate with "X" in section below:	Sketch map:					Well diameterir		75
						Cable tool Rotary Hollow rod Jetted	Driven Dug Bored Reverse rotary	y
w E					6		r conditioning 🔲 Commercial	t
						Casing: Mater	Height: above below	
S 						Digm.	Weight 12.1 lbs./ft/11.	
2 Тур	pe and color of material		From	То		in. to ft. dept Screen:		-
	ж	Clay	Ö	10		Manufacturer R PM	Dia. 4	
	San	dy clay	10	40		Slot/gauze	Length / <i>Q</i> and <b></b> ft	
		end -	40	53		Fittings: Gravel pack X Yes 1	No Size range of material	2
	Gr	nel .	55	60		Static water level:  ft. below land surf	face Date <u>3-24</u> 75	1
						Pumping level below land	surfaces: hrs. pumping g.p.m.	
						ft. after	hrs. pumping g.p.m.	
						Estimated maximum yield -	g.p.m.	-
						Water sample submitted: ☐ Yes	Date	18
						Well head completion:	• 🗆	7
		**********				Pitless adapter / ₽ Well grouted?   Yes	Inches above grade	1
						Depth: From ft. to	ronite	6
	· · · · -	,				Nearest source of possible ft. <i>LDO</i> Direction <i>L</i> Well disinfected upon com	Type Type	_
					-	Pump:	Not installed	4
· · · · · · · · · · · · · · · · · · ·						Manufacturer's name Model number	HP Volte	1
							ft. capacity g.m.p.	1
						Type: Submersible	☐ Turbine	
(use	e a second sheet if needed)					☐ Jet ☐ Certrifugal	Reciprocating Other	3
16 Remorks: elevation						Water well contractor's ce This well was drilled under		9
							f my knowledge and belief.	4
Topography: Hill					-	Myen Wal	Well 143 License No.	1
Slope						Business name Address Address	ind to	
Upland Valley						Signed Authorized repr	Date 3-29- esepative	15
								_

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

Form WWC-5