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

WATER WELL RECORD KSA 82a-1201-1215

	L		 	 				
1	Г	R	EW	sec	1/4	1/4	1/4	No.

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

P P I WILL	7	T					1 -		1
1 Location of well: County	Township name	C E/2	VE ME		n number		Town number 245	Ronge number	
Distance and direction from nearest town or cit	3 nouch		3 Owner	of well	Ste	sl	ing Dullis	ng Co	
Street address of well location if in city:	Hwest	ie	Addre	PSS:	Stee	le	ing Drilles	las	سے د
Locate with "X" in section below:	Sketch map:						Well depth: ft. D Well diameter in.	ate of completion 3-15	15
						5	Cable tool Rotary	Driven Dug Bored Reverse rotary	
w						6 1	Use: Domestic Public Irrigation Ais co	nditioning Commercial	
1 1 1							Casing: Material	urface 12 in.	
S Mile———							Diom. 5_ in. to 70 ft. depth D	/eight 22 bs./ft //	
2 Тург	e and color of material			From	То		in. toft. depth		-
		Cla	4	D	20		Screen: Manufacturer Type D		ł
		San		20	30	(Slot gauze Le	ength	
		Giar	ul	50	70		Set between 60 ft. and 5 Fittings: Gravel pack Yes No S		
						9	Static water level:		
						10	Pumping level below land surf	aces:	
							ft. after hrs ft. after hrs. Estimated maximum yield	pumping g.p.m.	
	•					11	Water sample submitted:		0.
						12	Well head completion:		K
								Inches obove grade No	1
						[Neat cement Bentonit	e 🗆	
						14	Nearest source of possible con	tamination:	
							ft Direction Well disinfected upon complet	tion? Yes No	2
							Pump: Manufacturer's name	Not installed	\
							Model number H Length of drop pipe ft	P Volts	U
							Туре:	Turbine	
1	a second sheet if needed)						Jet [Reciprocating Other	(
16 Remarks: elevation	d socold sheet it needed)						Water well contractor's certifi		1
							This well was drilled under my repart is true to the best of my	•	1
Topagraphy:						1	My as mall	License No.	3
Slope							Address Link Ben	d Ko	77
Upland Valley				_			Signed Affhorized represen	Date -	75

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

Form WWC-5