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

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PRINT CLEARLY.  WATER WELL KSA 82a-120	RECORD 11–1215	1.	Kansas State Dept. Of Health (Water Well Contractors) Forbes-Bldg. 740
C SW2 S	E9 NW	4	Topeka, Kansas 66620
1 Location of well: HAMI / TON Township name Fraction	Section	ón number 27	Town number Range number 39 W
	Owner of well	1	Ohn KNORD 2
Street address of well location if in city 2 W + 1 S of Kendall	Address:	\$	yrAluse As 67878
Locate with "X" in section below: Sketch map:			4 Well depth: ft. Date of completion ffc. 2  Well diameter in.
			5 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary
W E			6 Use: Domestic Public supply Industry   Nrigation Air conditioning Commercial   Test well
<sup>1</sup>    			7 Casing: Materia Height: above/below Threaded Welded Susurface II in.
S Mile			Digm.   Weight   lbs./ft
2 Type and color of material	From	То	in. toft. depth
overburden	0	10	Manufacturer Cook Type Dia
gravel	10	50	Slot/gauze 4 20 Length 273 Set between 3/ ft. and 5/ ft
Blue ShAle	50	51	Gravel pack Yes No Size range of material —
KKOC R 50			9 Static water level:  23 ft. below land surface Date 23
			10 Pumping level below land surfaces: ft. after hrs. pumping g.p.m.
			ft. after hrs. pumping g.p.m.
			Estimated maximum yield g.p.m.  11 Water sample submitted:
			Yes No Date
			Pitless adapter triches above grade
			13 Well grouted? Yes And Depth: From Cft. to ft. Wh.C
			14 Nearest source of possible contamination: Nave
			ft Direction Type
			Well disinfected upon completion? Yes No  15 Pump:  Manufacturer's name  Manufacturer's name
			Model number HP Volts
			1 1 1 1
			Jet Reciprocating
(use a second sheet if needed)  16 Remarks: elevation	1	<u>L</u>	Certrifugal Other  17 Water well contractor's certification:
045 (70PG)			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Topography:			Business name License No.
☐ Slope ☐ Upland			Address Signed Manage Man Will
Valley			Butstation top langth of the little
orward the white, blue and pink copies to the Kansas State Dept. Of Health.			Form WWC-5