USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.		WATER WELL RECORI KSA 82a-1201-1215	>	•	T R EW sec 1/4 1/4 No. Kansas State Dept. Of Health (Water Well Contractors) Forbes-Bldg. 740 Topeka, Kansas 66620
1 Location of well: Re	no Valley	Fraction NWNWNW	Sectio	on number	Town number T245 Range number R4W
Distance and direction from nearest town or city: 3 mi E of 3 Owner of well: Vernon Healzer					
Street address of well location if in city: Hutchinson. Ks. Address: RT4 Hutchinson/Ks.					
Locate with "X" in section below: Sketch map: N				4 Well depth:	
X					5 Cable tool Artary Driven Dug
w	E	644			6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial Test well 2 Live Stock
	- 	9			7 Casing: Material AMP Height: 5000 below Threaded Welded Surface 12 in.
S -1 Mile-	•]				Digng. Weight
2	Type and color of material		From	То	in. to ft. depth 8 Screen:
Sa	indy topso	:/	0	2	Manufacturer Sign Flower Type RMP Dia.
	Fine sa	ind	2	5	Slov gauze <u>3//6 "</u> Length <u>5</u> Set between 23 ft. and 28 ft
Gr	ay clay		5	11	Fittings: Gravel pack X Yes No Size range of material
Yel	low sauda	grave/	11	18	9 Static water level: ft. below land surface Date 7-30-75
G	ray Sanda	,1	18	28	10 Pumping level below land surfaces: ft. afterhrs. pumping g.p.m. ft. after hrs. pumping g.p.m.
a					Estimated maximum yield g.p.m. 11 Water sample submitted:
					Yes XNo Date
			~		12 Well head completion: 12 " Pitless adapter Inches above grade
					13 Well grouted? Arrow of the second
					14 Nearest source of possible contamination: ft Direction Type Bach yard
					Well disinfected upon completion? Yes No
					15 Pump: Not installed Manufacturer's name Alermolor
					Model number the the Molts Length of drop pipe ft. capacity g.m.p.
					Type:
	(use a second sheet if neede	d)			☐ Jet
16 Remarks: elevation Topography: Hill Slope Veland					17 Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>M. /// Water Will 137</u> Business name Address <u>Hun Tich in Son</u> , <u>As</u> Signed <u>Joe Mille</u> Date <u>8-4-75</u>
Valley					Authorized representative

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

Form WWC-5

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