USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY,					T R EW	sec 1/4 1/4 1		
PRINT CLEARLY.	WATER WELL RECORD KSA 82a-1201-1215				Kansas State Dept. Of Health (Water Well Contractors) Forbes-Bildg. 740 Topeka, Kansas 66620			
1 Location of well: Beno Sep Distance and djrection from nearest town or city: 3	ierionsw SWSW	Section Sectio	on number 24		Town number 24 F. END	Range number	4 W	
2 South of Finsh Street address of well location if in city: Finsh Locate with "X" in section below:	Period I	dress: 13	<u>R. R.</u>	4 We	I depth: 115 ft. Dat	te of completion	7-3-25-	
$W = \begin{bmatrix} & V & V \\ & V & V$				5 6 Use 7 Cas Thr Dia	Hollow rod Dented Domestic Dublic s Irrigation Air cone Test well D sing: Material PLCHei welded Sur Welded Sur Welded Sur Welded Sur	ditioning Com ight: above/below face in. ight in.	itry nercial	
2 To Type and color	of material	From	To		in. to ft. depth Dri	ive shoe? Yes	N₀	
Top Soil yellow Cla	Y	0 P 40	P 40 50	Ma Typ Sla Set Fit	inufacturer M 9 be E /C Dic bt/gauze Len between ft. and tings:	gth	3	
yellow C	lay	50	90	9 Sta	avel pack YYes 🗌 No Si tic water level; 1 ft. below land surface		· 75	
Course So	ind	90	115	_	mping level below land surfa- ft. after hrs. ft. after hrs. imated maximum yield	pumping g pumping g	j.p.m. j.p.m.	
					iter sample submitted: Yes Yan No Date .			
				13 We	ll grouted? X Yes Annu Annu Annu Annu Annu Annu Annu Ann	No	Je	
					Direction I disinfected upon completi		Sture	
					mp: anufacturer's name bdel number HP	Not installed		
				Ler Typ	ngth of drop pipe ft. pe:			
(use a second sh	eet if needed)				Jet	Reciprocating Other		
16 Remarks: elevation Topography: Hill Slope Upland Valley				Thi rep 2 Bus	ter well contractor's certific s well was drilled under my port is true to the best of my iness name dress to m PO 1 dress to m PO 1 and Authorized represent	jurisdiction and th knowledge and be Drj/////g LRen LRen	lief.	

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

Form WWC-5