USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY,	T R EW sec 1/4 1/4 1/4 1	70.
	IER WELL RECORD Kansas State Dept. Of He A 82a-1201-1215 (Water Well Contractors) Forbes-Bidg. 740 Topeka, Kansas 66620	ith
1 Location of well: RENO Township name Fraction SEG	SW4SE4 25 7-24-5 RSW	
Distance and direction from nearest town or city: $mis$ $2iE$	3 Owner of well: Thomas Yoder	
Street address of well location if in city: of Yoder, Ks.	Address: R.R. 2 Haven; Ks, LBARN 4 Well depth: 59 ft. Date of completion	- 74
Locate with "X" in section below: Sketch map:	Well diameter in .	<u> </u>
	5 🗌 Cable tool 🗶 Rotary 🗌 Driven 🗋 Dug 🗌 Hollow rod 🗌 Jetted 📃 Bored 🔲 Reverse rot	згу
w E	6 Use: 🕅 Domestic 🗌 Public supply 📄 Industry 📄 Irrigation 🗌 Air conditioning 💭 Commerce 🛄 Test well	ial
	7 Casing: Material RIAP Height: Dove below	
	Threaded Welded Surface 22 in. Digm. Weight 200 lbs./f/ in. to 57 ft. depth Drive shoe? Yes	
2 Type and color of material	From To in. to ft. depth !	
Black Topsail	03 Screen: Sunflower Manufacturer Sunflower Type RMP Dia. 6"	
Sand, Gravel+ Yellow 1	Stot gauze 3/32" Length 10" Set between 19 ft. and 59 ft.	-
Yellow clay	12 23 Fittings: Gravel pack Yes No Size range of mereral	ź
Fine sand wy layer of 3	rellow 23 34 <sup>o</sup> Statis water level: 30 ft. below land surface Date <u>4-8-</u> 75	-
clay	10 Pumping level below land surfaces:	m.
Tellow clay	34 47 ft. after hrs, pumping g.p.1 Estimated maximum yield g.p.m.	n.
Sand	47 59 11 Water sample submitted:	
	12 Well head completion: 12"	
	13 Well grouted? X Yes No No Concret	re
	Depth: From O ft. to Depth ft. 14 Nearest source of possible contamination:	74
	ft. <b>XQ</b> Direction <b>SQ</b> Type <b>X</b> Well disinfected upon completion? <b>X</b> Yes	No
	15 Pump: Manufacturer's name Aph Mor	_
	Length of drop pipe 46 ft. capacity 36 g.m.	p.
	Type: Wind mult	
(use a second sheet if needed)	L Jet L Reciprocating	
16 Remarks: elevation	17 Water well contractor's certification: This well was drilled under my jurisdiction and this	
Topography:	report is true to the best of my knowledge and belief.	7
☐ Hill ☐ Slope	Business name Address Autochunson Ligense N	•.
Upland Valley	Signed Uthorized representative 4-8-	īs

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

Form WWC-5