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

WATER WELL RECORD KSA 82a-1201-1215

			1 1		ı
\Box				<u> </u>	J
T	R	EW	sec 1/4	1/4 1/4 No.	

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

1 Location of well:	County Sedgwick	Township name	Fraction NE/SE ¹ 4			n number		Town number T255	Ronge number	
Distance and directi	on from nearest town or cit		L <u>'</u> -	3 Owner	of well:		it.	of Valley	R/W Center Ks	-
	Il location if in city:	of Valley		Addre			_	ley Center,		
Locate with "X" in section below: Sketch mop:								II depth: 52½ ft. D	ate of completion $\frac{11/7}{25/7}$	4
							5	Cable tool Rotary Hollow rod Jetted	Bored Reverse rotary	
w								e: ☐ Domestic XX Public ☐ Irrigation ☐ Air co ☐ Test well ☐ sing: Material _ Stl H	nditioning XXXXXXXXXXX	
	S						Th Di	readed Welded \(\) \(\	urface 2½ in. /eight 70.6bs./ft	
2	Тур	e and color of material			From	То	8 Sc	in. to ft. depth!		-
Clay					0	16	Ту	anufacturer <u>COO</u> P	ia. <u>18"</u>	
Fine to r	med. gravel				16	29	Se	ot/gauze 100 Let between 40 ft. and attings:	50 ft	
Mine to med. to coarse sand & gravel					29	50		avel pack Yes No:	Size range of material 1	4"
u-							9 Sto 1	atic water level: 22t5below land surface	Date <u>12/74</u>	
							34	mping level below land surf ft. after 4 hrs. ft. after — hrs. imated maximum yield —	pumping 600 g.p.m. pumping g.p.m.	
							11 W	ster sample submitted:	12/74	
							12 W		$2^{\frac{1}{2}}$ Inches above grade	
. Avi	140						ĸ.		□ No	
,							ft.	earest source of possible cor Direction ell disinfected upon comple	Type Skull	line
	-2-00						15 Pu	mp: Layne [Not installed	
			*******				M	odel number 10" RKE ngth of drop pipe 40 fi	₫ <u>30</u> _{Volts} <u>46</u> (
								_	I Turbine	
	(use	a second sheet if needed)	· ** * 18**a v					Jet Certrifugal	Reciprocating Other	
16 Remarks: elevati	ion		•				Th	oter well contractor's certific is well was drilled under my port is true to the best of my	urisdiction and this	
Topography: Hill Slope Upland							_] Bu:	Layne Wester	In Co., Inc. License No. Harry St. Date 2-9-7	02
Valley								/ Julian ichiese		J

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

Form WWC-5