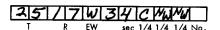
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

Gatterman

WATER WELL RECORD KSA 82a-1201-1215



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

Galeron	DAN #1							Forbes∽Bidg. 740 Topeka, Kansas 66620
Location of well:	County	Township nome	Fraction		Section number		Town number	Range number
	Edwards		C-NA	-NW	3	3	34 255	17W
istance and directi	on from nearest town or a	ity: I north	2 West	3 Owner	of well	Sea	sch Dulle	ng co
treet address of we	Il location if in city	north Felsk	susq	Addre	OVZ SS:	ehu	134 255 ach Drille Lewnan #	,
ocate with "X" in s		Sketch map:	$-\nu$	L		Ja	4 Well depth: _65	ft. Date of completie 3 4
	N						Well diameter	n.
•							5 Cable tool Rotary Hollow rod Jetted	= = :
							6 Use: Domestic P	
w	;; ; E						☐ Irrigation ☐ A	ir conditioning 🔲 Commerci
	iii						7 Casing: Material	This ish show hole
	i i i						Threaded Welded	Surfacein.
<u> </u>	S 1 Mile						Diam.	Weight 425 lbs./ft/4
	,	pe and color of material	 	T		T .	in. to ft. de	oth Drive shoe? Yes 🔀 t
		pe dia coloi di maleriai			From	То	8 Screen:	ad a
			Clay	<u>' </u>	0	15	Manufacturer	1) Dia. 4
			1 -		5	40	Slot/gauze	Length
			2000	0			Set between 45 ft. Fittings:	and 63 ft
			Grave		10	65	Gravel pack Yes	No Size range of material
							9 Static water level: ### Ft. below land su	force Date 5.14-75
							10 Pumping level below land	
	*****							hrs. pumping g.p.m
						ļ	Estimated maximum yield	hrs. pumping g.p.m
							11 Water sample submitted:	
								Date
							12 Well head completion: Pitless adapter	2 🔲 Inches above grade
							13 Well grouted? 🔀 Yes	□ No
							☐ Neat cement ☑ Ber Depth: From ☑ ft.	
							14 Nearest source of passible	. 7
							ft. 110 Direction 4	Type Type
· · · · · · · · · · · · · · · · · · ·							Well disinfected upon co	mpletion? Yes Not installed
	77.7.						Manufacturer's name	V
								HP Volts _ ft. capacity g.m.p
							Туре:	g.m.p
			 				Submersible Jet	☐ Turbine ☐ Reciprocating
(use a second sheet if needed)							Certrifugal	Other
Remarks: elevation	on						17 Water well contractor's co	
							This well was drilled unde report is true to the best o	er my jurisdiction and this of my knowledge and belief.
Topography:							myen wat	in well to 14
∐ Hill Slope							Address name	end Ko License No
Upland							Signe Ochel QL	myss Dat & H
☐ Valley							Authorized rep	CPONIUIIVE

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

Form WWC-5