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

## 26/2W2/CS=5U EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD KSA 82a-1201-1215

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

KNOP		KSA 82a-1	201-1215				(Water Well Contractors) Forbes-Bldg. 740
KNOX A-I County Location of well:	Township name	Fraction	Clas	Section	on number		Range number
Usay	-in 4 34/1.4	C-SE		<u> </u>	-1	265	
Distance and direction from nearest town or Street address of well location if in city:			3 Owner of		Dr	with the	<b>.,</b>
Locate with "X" in section below:	Sketch map:					4 Well depth: 125 f Well diameter 23 i	it. Date of completi <b>4 - 5 0-</b> ) n.
						5 Cable tool Rotary Hollow rod Jetted	☐ Driven ☐ Dug ☐ Bored ☐ Reverse rotary
w	Ē					6 Use: Domestic Prolifering Prolifering Air Test well D	ublic supply   Industry ir conditioning   Commercial Dil Field H20 Supply
!     • ! !						7 Casing: Materi	Beight: above below
S 1 Mile						Digm. in. to 25 ft. dep in. to ft. dep	Weight 125lbs./ft 10 lbth Drive shoe? Yes No
<u> </u>	Type and color of material	endy Cle	<del></del>	From	60	8 Screen: Manufacturer	Lowell 4"
	-	Sand	<b>•</b> • • • • • • • • • • • • • • • • • •		70	Set between 45 ft.	Length 20
	Heavy	es Sar		0	90	Fittings: Gravel pack X Yes   9 Static water level:	9.7
	<del></del>	Janus				ft. below land sur 10 Pumping level below land	face Date <u>M-20-76</u>
						ft. after	hrs. pumping g.p.m. hrs. pumping g.p.m.
						11 Water sample submitted:	Date
A CONTRACTOR OF							2 Inches above grade
						13 Well grouted? XYes  Neat cement Ben  Depth: From 1 ft. t	
						14 Nearest source of possible ft. 100 Direction 1 Well disinfected upon cor	Typerselve
						15 Pump:  Manufacturer's name	Not installed
						Length of drop pipe Type:	HP Volts ft. capacity g.m.p.
	use a second sheet if needed)					☐ Submersible ☐ Jet ☐ Certrifugal	☐ Turbine ☐ Reciprocating ☐ Other
16 Remarks: elevation					17 Water well contractor's co	er my jurisdiction and this	
Topography: □ Hill Slope						report is true to the best of  My Medium  Braness name  Address	a License No.
Upland						Signed Quantum Address Signed Quantum Address	miles Dat # 207

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

Form WWC-5