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

WATER WELL RECORD KSA 82a-1201-1215

	Г	Γ-						
		R	EW	 sec	1/4	1/4	1/4	No.

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

	County	Township name	Fraction			on number	-	Town number	Ronge number
1. Location of well:	Sedgwick	Sherman	NE4 SW	WW4		/		26	3 W
Distance and directi	ion from nearest town or cit					· W	inte	r Bros.	
Street address of we	II location if in city:	12,174 1110	" marie	Addr	ess:	Wil	llie	Winter h, Kansas	67121
Locate with "X" in s	section below:	Sketch map:				<i>- 01</i>	4 Wel	I depth: 107 ft. D	ate of completion Dec 30
Locale will X III	N N	OKO/OK Mapi						Il diameter <u>30</u> in.	1974
	1 1 1		C.	. 1			_	Cable tool Rotary	Driven Dug Bored KReverse rotary
7	<u>(</u>	ope	n fie	Id				: Domestic Public	
w	-¦¦ E	,					0 030		anditioning Commercial
			3 N				7 Cas	ing: Material Cem Ash	eight: above/below
	<u>i i i </u>						Thr	eaded Welded S	urface <u>10</u> in.
	S Mile							ım.	Veight lbs./ft Prive shoe? Yes No
2	Type	e and color of material			From	То		_ in. to ft. depth	
		and color of majorier					8 Scr	een: nufacturer <u>Johns</u>	on
-10ps	soi/				0	/	Тур	e <u>Cem-Ash</u> D	ia/6 ''
Red	Clan				/	50	Slo Set	t/gauzeLe between	ingth
Mad	Carave	- /			50	107	Fitt	tings:	Size range of material 🎉
11/60	CITACE					/ /	0.6.		
							3	ft. below land surface	Date 3-3-77
								nping level below land surf	
								ft. after hrs.	pumping g.p.m.
								mated maximum yield	20 g.p.m.
		,						ter sample submitted: Yes 🛣 No Date	
	***************************************						_	II head completion: Pitless adapter	Inches above grade
							13 Wel	Il grouted? 🔀 Yes	□No
								Neat cement Bentonit	. 1 /
							14 Ne	grest source of possible con	ntamination: hone
							بنه	Il disinfected upon comple	Туре
							15 Pur		Not installed
								nufacturer's name Per del number <b>G1 5554</b> H	
								ngth of drop pipe <b>80</b> f	
							Тур	_	X Turbine
								Jet [	Reciprocating
		a second sheet if needed)		ļ				Certrifugal [	Other
16 Remarks: elevat	non							ter well contractor's certif s well was drilled under my	
Topography:							rep	ort is true to the best of my	knowledge and belief.
Topograpny: ☐ Hill							Busi	eninger Urili	License No.
Slope							Ade	dress Maize	Kansas 67101
☑ Upland ☐ Valley							Sig	Authorized represe	ntartive Date 423
							•		

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

Form WWC-5