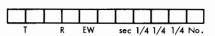
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

## WATER WELL RECORD KSA 82a-1201-1215



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

County Township name		Township name	Fraction		Section number			Town number	Range number	
1 Location of well:	· '	Attica	SE/4SE	Ely 25		T275		RZW		
Distance and direction from nearest town or city:  3 Owner of well:							1.	SMITH		
Street address of we	ell location if in city:	015.119	ST. W.	Addr	ess:	120		5. 119 5.		
Locate with "X" in		Sketch map:					4 Wel	l depth: <b></b> ft. I I diameter <b></b> in.	Date of completion <u>11-2</u>	フーブ
<u> </u>	1 1 1						5 🔲	Cable tool Rotary	☐ Driven ☐ Dug ☐ Bored ☐ Reverse rotary	
								Domestic Publi	<del></del>	-
w	-;  E							Irrigation Air c	onditioning Commercial	
	<b>x</b>							ing: Material PVC		1
<u> </u>	S							eaded   Welded   i	•	
2	- 1 Mile				<b>.</b>	T .		_ in. to tr. depth;	Weight lbs./ft Drive shoe? Yes No	1
	Тур	e and color of material			From	То	8 Scre	een: PLAS	TIC RAIPH JOHN	Set
DIRT A	AND CLA	9y.			0	5	Тур	PVC	Dia. 5 FT	eam
CLAY.	and the second s	•	,		5	90	Set	between <b>100</b> ft. and	.ength	
FINE	SAND W	ITH CLAY	STRE	AKS	90	100	Fitt Gra	ings: vel pack Yes 🗌 No	Size range of material	6 18
MED.	COARSE	SAND AN	DFIN	'E	100	110			e Date <u>11-2</u> 7-74	
GRAVE	EL.						10 Pum	ping level below land sur	faces:	1
SAND H	VITH CLAY	STREAK	S	Ü	110	120	l —	ft. after hrs	. pumping g.p.m pumping g.p.m.	
MED.	/	= SANI			120	130		mated maximum yield — er sample submitted:	g.p.m.	
							12 Wel		capped	-
								Pitless adapter /2	_ "	
							X	grouted? Yes Neat cement Bentoni	ite D	
							Depi	th: From ft. to	12tf.	
		1					14 Ned	rest source of possible co	ntamination: NE Type SEPTIC ation? Yes No	TAN
							Wel 15 Pum	p:	Yes No	
							Mar	nufacturer's name		
							Leng	gth of drop pipe	t. capacity g.m.p.	
							_	Submersible [	Turbine	
	(use	a second sheet if needed)						Jet Certrifugal [	Reciprocating Other	
16 Remarks: elevat	ion							er well contractor's certif		
							repo	well was drilled under m	y knowledge and belief.	
Topography:							Busin	ness name	MPSERV. 23	6
Slope							Add	100 S. 141	ER KOAD	B-74
Upland Valley							Sign	Authorized represe	ntative	

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

Form WWC-5