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

WATER WELL RECORD KSA 82a-1201-1215

 	ـــــا	\vdash						
		<	EW	sec	1/4	1/4	1/4	No.

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

	1						T
1 Location of well: County	Township name	Fraction K	- 1	ction number 36		Town number スクS	Range number
Distance and direction from nearest town or ci	4,5N, 1.5 45 of Mall	_/	Owner of v	6		N ME Do	NALD
Street address of well location if in city:	143 & 11kW	1 KW TE	Address:	WVI	LLIN	VELLE	TANSA
Locate with "X" in section below: N	Sketch map:	, ,	1 150	-4		depth:ft. D	ate of completion 2.117
	Sketch map: Mullinvell 2 East C	e Hunom	14 12	01	5 🗆 C	able tool 🔲 Rot a ry	Driven Dug
 	2 East C	ntuffed	The Sa	th.			Bored Reverse rotary
w	•				6 Use:	☐ Domestic ☐ Public ☐ Irrigation ☐ Air co	supply Industry onditioning Commercial
				1		Test well	
1 1 1						ng: Materia	
S Mile							Veight 3.7 lbs./ft
2	a and aslay of metarial		Froi	п То		in toft.depth	Nu Ae suce s
J W S S S S S S S S S S S S S S S S S S	e and color of material		rio		8 Scree	ufacturer POF K	R
and Soul		·	0	3	Туре	FUNCE D)ia
Black			3	15	Set b	gauze <u>A76</u> Lietween 55 ft. and.	ength
La & And	Kard		4.	585	Fitti		4 7 8 of material
		,	0		0 54.43:	c water level:	
Since		 	\ ^ `	-	1 ,	ft. below land surface	
					6		pumping (See g.p.m.
						ft. after hrs. ated maximum yield 🚨	pumping g.p.m.
	. ,				11 Wate	r sample submitted:	
					12 Well	es No Date	
						itless adapter	Inches above grade
	· · · · · · · · · · · · · · · · · · ·			- 	13 Well	grouted? Yes leat cement Bentoni h: From ft. to	Lay my
	<u>, , , , , , , , , , , , , , , , , , , </u>				ft	Direction	ntamination: Nove
						disinfected upon comple	rtion? Yes No
					Man	ufacturer's name	
·							t. capacity g.m.p.
					Туре	-	Turbine
					1 ⊡.	Jet [Reciprocating
(use	e a second sheet if needed)				 	Certrifugal or well contractor's certif	Other
	a 1	•			This	well was drilled under m	y jurisdiction and this
Topography: Sand Hill	o Ferme	•			R	rt is true to the best of m	_ / _ / _
☐ Hill ☐ Slope		•			Busin	ess name _/S/	Bucklipense No.
Upland			•		Sign		Ball Date
Valley	\$ 1 h				1		075-13

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

Form WWC-5