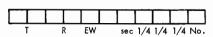
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD KSA 82a-1201-1215



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

	County	Township name	Fraction	Sect	Section number		Town number	Range number	1
1 Location of well:	Kingman	Evans	NW1 SE1		11		278	5W	
	ion from nearest town or cit		vner of we	II: J		Tenborg ney, Kansas	67025		
Locate with "X" in section below: N Street Skerch map: Chency, Ks.					4 Well depth: 50 ft. Date of completion 6-5 Well diameter in.			75	
						[Bored Reverse rotary	.]
w	¥						Test well	conditioning Commercial	
	S						Casing: Materi Styre Threaded Welded Siam. 50	Surface in. Weight lbs./ft Drive shoe? Yes \[\text{No}	
2 Type and color of material					То	ٺ	in. to tr. depth		-
Dirt and topsoil					5		Manufacturer Sunito	Dia. 7 "	
Sand					20	1	Slot/gauze		
Clay					25		Gravel pack 🗷 Yes 🗌 No	Size range of material 4	1/8"
Sand & Gravel				25	40	9 5	tto water level: ft. below land surface	ce Date 6=5-75	
Shale				40	50		Pumping level below land su	orfaces: s. pumping g.p.m.	
			and the second s			.		s. pumping g.p.m.	
					<u> </u>		Water sample submitted: ☐ Yes ☐ No Da	te	
						٠.	Well head completion: 12	capped Inches above grade	
							Well grouted? X Yes Neaf cement Depth: From ft. to	□ No 10 — — — — — — — — — — — — — — — — — — —	
						14	Nearest source of possible	pntgmination: Sept ast Type tan	\$
						$\overline{}$	Well disinfected upon comp	letion? Yes No	1
							Manufacturer's name Model number	HP Volts	
						1 .	Length of drop pipe	ft. capacity g.m.p.	
			to the control of the				Submersible Jet	Turbine	-
	(use	a second sheet if needed)					Gertrifugal	Reciprocating Other	1
16 Remarks: elevation Flat Ground Topography:						1	Nater well contractor's cert This well was drilled under report is true to the best of r	ny jurisdiction and this ny knowledge and belief.	
Hill Slope Upland							Harp Well & Business name Wichita Address Wichita Signed Wichita		209
Valley						Ι ΄	Authorized repres	entative	' -

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

Form WWC-5