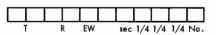
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD KSA 82a-1201-1215



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

									_
1 Location of well:	County Kingman	Township name Evans	Fraction	Secti 2	on number 5		Town number 275	Range number	
Distance and directi			NW1 NW1) . 1		<u> </u>	-
Of Hyway 54 and Street address of well location if in city: Of Hyway 54 and Cheney Rd. 1mile					er of well: W. O. Hull 424 East Second dress: Cheney, Kansas 67025				
Locate with "X" in section below: West Subschappnorth. N Cheney, Kansas						4 V	Vell depth: $\frac{75}{11}$ ft. (Date of completion 7-	9- 75
F						5 [Cable tool Rotary [Bored Reverse rotar	<u>y</u>
w							☐ Irrigation ☐ Air c	onditioning Commercia	
S Nile							Casing: Material Styre Threaded		
2 Type and color of material					То		in. to ft. depth	Drive shoe? Yes N	•
Sandy Soil and Fine Sand					8	/	Green: Manufacturer Sunfle Sunfle Sypstyrene	ower Plastic	С
Clay				8	10		Slot/gauze 3005 is between 30 ft. and	epgth 45	
Medium Sand				10	41	1	Fittings: Gravel pack 🛣 Yes 🗌 No	Size range of material	1/8"
Sha	le			41	75	9 5	tatic water level: 20 ft. below land surface	e Date <u>7-5</u> -75	
					_	10 1	Pumping level below land sur	faces: . pumping g.p.m.	
					<u> </u>	- E		. pumping g.p.m.	
					<u> </u>	l r	Nater sample submitted: ☐ Yes ☐ No Dat	e	
	2.01					12 V	Well head completion: 12:	Inches above grade	
						13 V	Vell grouted? Yes Neat cement Benton Depth: From ft. to	∐ No	-
			·				Nearen Surce of possibles it		
						15 F	Oump:	Not installed	4
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				1	Manufacturer's came Sto Model number LP6D2 ength of drop pipe 55	HP 3/4 yalts 23	D
						1 1	Гуре:	☐ Turbine	
(use a second sheet if needed)						[[☐ Jet ☐ Certrifugal	Reciprocating Other	
16 Remarks: elevation							Nater well contractor's certi This well was drilled under m		
Topography:						1	eport is true to the best of m	y knowledge and belief. Pump 236	
☐ HIII ☐ Slope						i	Business name Address 215 Sout	License No	hita,
Upland						!	Signed Authorized representation	Date 7-7	75

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

Form WWC-5