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

WATER WELL RECORD KSA 82a-1201-1215



Sent 1200 75

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

1 Location of well:	County KIN BM/9/	Township name	Fraction 54)SF	SE	Section n	number		Town number 27 S	Range number
Distance and direction from nearest town or city: /\(\lambda\) FKINGMAN 3 Owner of well: \(\int\) HN SIPFERT									
Street address of well location if in city: 54 Ky  Address: Mar D									
Locate with "X" in section below:  N							4 Well depth: 1/2 ft. Date of completion 7-9; Well diameter 4 in.		
1							5 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary  6 Use: Domestic Public supply Industry		
W							Irrigation   Air conditioning   Commercial   Test well   Height: above/below		
S Mile							Threaded Welded Surface in.  Digm. Weight Ibs./ft.  in. to/ 2ff. depth Drive shoe? Yes No		
2 Type and color of material From To						То	in. toft. depth		
Soil					0	4	8 Screen:  Manufacturer  Type  Dia.  Slot/gauze  Set between Total ft. and ft.		
SAND					42	23			
5 ta 18					23 /	12	Fitt Gra	ings: ivel pack 🏿 Yes 🗌 No	1000
			······				9 Stat	ic water level: ft. below land surface	Date 7-8-75
							_	ping level below land surl ft. after hrs. ft. after hrs. mated maximum yield	pumping g.p.m. pumping g.p.m.
						_	11 Wat	rer sample submitted: Yes No Date	
							12 Wel	I head completion:	4 nches above grade
							⊠(	T grouted? Yes  Neat cement Bentonii th: From ft. to	□ No re □ <b>/5</b> ft.
			<u></u>				fb	prest source of possible core.  Direction All disinfected upon comple	Type 7
								nufacturer's name	Not installed
								gth of drop pipe 🗹 🗸 f	capacity g.m.p.
								Submersible [	Turbine Reciprocating
(use a second sheet if needed)  16 Remarks: elevation								Certrifugal er well contractor's certif	Other
TO REHIMINS, CICYCHUII							This	well was drilled under my opt is true to the best of my	jurisdiction and this
Topography:  Hill Slope							Business name Address Med Long Ce License No.		
Upland Valley							Sign	$\lambda \sim \lambda \sim 1$	Date

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

Form WWC-5