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

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

T R EW sec 1/4 1/4 1/4 No.

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

County Township name Fraction	Section numb	ber Town number Range number
1 Location of well: Kingman Europa NW14NW14NE	•.l.	11 Tors R941
	er of well:	Jack Brady.
Street address of well location if in city: 2 1/2 East	dress:	F. 1 12/21
Locate with "X" in section below: Sketch map:		4 Well depth: 124 ft. Date of completion 144
N		Well diameter <b>944</b> in. <b>Bow</b>
<del>  -     </del>		☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary
w		6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial
		Test well
		7 Casing: Materia Height: above below Threaded Welded Surface in.
S 1 Mile		Diam.   Weight   1bs./ft   lbs./ft   lbs./ft
2 Type and color of material	From To	in. to ft. depth
+ , , , ,	11 10	8 Screen: Annufacturer Sesset Fowell
Log Soil	0/	Type RM P Dia. 5"
thy Sand Thouse	7'10	Set between 44 ft. and 24 ft
white Clay	10'52	Fittings: Gravel pack Yes No Size range of material 48
Medium Course Sand	52' 78	9 Static water level: 52 ft. below land surface Date 4/4/75
Brown Class	78189	10 Pumping level below land surfaces:
m Lium Curae Sand (Clean)	29' /24	ft. after hrs. pumping g.p.m ft. after hrs. pumping g.p.m.
ned Bd	0, 13,	Estimated maximum yield g.p.m.  11 Water sample submitted:
, and the second		Yes No Date
		12 Well head completion:
		13 Well grouted?
	<del>                                     </del>	Depth: From 3 ft. to 6 ft.
		14 Nearest source of possible contamination:  ft
	1	Well disinfected upon completion?
The Group is not installed	Til	Menufacturer's name
e will help him with with	Jany	Length of deep pipe ft. capacity g.m.p.
ud fat. Eaton litro app 3	how	Type: **  Submersible Turbine
(use a second sheet if needed)		☐ Jet ☐ Reciprocating ☐ Certrifugal ☐ Other
16 Remarks: elevation		17 Water well contractor's certification:
		This well was drilled under my jurisdiction and this regart is true to the best of my knowledge and belief.
Topography:    Topography:		Business name 2 Licens No.
Slope		Address 030 the way Syllist
Upland Valley		Signer Date Date Action 12ed representative
Forward the white, blue and pink copies to the Kansas State Dept. Of Health.		Form WWC-5