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

									·	7
1 Location of well:	of well: County Kiowa Township name Fraction NE1/4			Section number			Town number 28 S	Range number 17 W		
Distance and direct	ion from nearest town or cit	1 / Mile No	orth	3 Owner	of well	: V :	ic M	lcElwain		
Street address of we	all location if in city:	of Brenham	m,Ks.	Addr	0 85;	G	reen	sburg, Kans	3 as 7 ?	*
Locate with "X" in section below: N Sketch map:							4 Well depth: 145 ft. Date of completion 2/75 Well diameter 30 in.			
W!! E							5 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary 6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial Test well Test well Height: above/19464			
	s						The			.]
<u> </u>	—1 Mile→						المد	_Din.to _LU#P.depth¦l in.toft.depth¦	Orive shoe? Yes M	'
2	Тур	e and color of material			From	То	8 Sci	reen:	~ ~	1
0 - 2 Ft Top soil					0	2	Ту	st1.	Dia. 16"	
Clay					2	40	Set	ot/gauze 1/8 11 L t between 105 ft. and	ength	
	Med 0	coarse sand	& grav	el				tings: avel pack 🔀 Yes 🗌 No	Size range of material	*%
	w/some	coarse grave	el		40	144		tic water level: ft. below land surface	Date 2/7/75	
								mping level below land sur		
							_	ft. after hrs	. pumping g.p.m.	
							11 W	iter sample submitted:		1
								Yes No Dot all head completion:		1
							13 W	II grouted? Yes	Inches above grade	4
				·				Neat cement Benton	10 ft.	
							14 No		ntamination: None K	rown
			· .				W.	ell disinfected upon compl	etion? Yes XN	2
								anufacturer's name	Not installed	.
								odel number <u>12 KM</u> ngth of drop pipe <u>160</u>		
				_			: <u> </u>	pe: Submersible	Turbine	
	(USA	e a second sheet if needed)] Jet] Certrifugal	Reciprocating Other	
16 Remarks: eleva	tion						i	ater well contractor's certi		i .
							1	is well was drilled under m port is true to the best of m	, ,	
Topography:							<u> I</u>	Layne Weste:	rn Co., Inc	102
☐ Hill☐ Slope							l .	siness name Idress 1061 W	Harry St.,	Michi
Upland							Si	gned	Brive Date 2/25	175
☐ Valley							ŀ			⊿

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

Form WWC-5