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

WATER WELL RECORD KSA 82a-1201-1215

		TT		
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Τ	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	te	Section	on number	Town number Range number	
Distance and direction from near st town or city:	3 Owner	r of wall	14	7285 R5W	
Street address of well location if in city:	Addre		. <i>(</i>)	on Carter	
Locate with "X" in section below: Sketch map:			ML	4 Well depth: 4 Date of completion 2/2	175
N				Well diameter 714 in. 13 me. 11 € 5 ☐ Cable tool 🛽 Rotary ☐ Driven ☐ Dug	
				Hollow rod Jetted Bored Reverse rotary	
w				6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial	
				7 Casing: Materia Height: bove below	
S				Threaded Welded Surface 12 in. Diam. Weight 15 lbs./ft	
2 Type and color of material		From	То	in. to 80 ft. depth Drive shoe? Yes No	
to 10	,		2	8 Screen: Manufacturer Auss - Fowell.	
Claus		5	10	Type RMP() Dia. 5	
Waits on sed Bel		10	57	Set between \$35 ft. andft. \$\frac{1}{2}\$ Fittings: Gravel pack Yes \Boxed No Size range of material \$2\$	3/8
red Bel gravel		57	45	9 Static water level: 5/2//-	
		<u> </u>		10 Pumping level below land surfaces:	
				## ft. afterhrs. pumping g.p.m g.p.m.	
				Estimated maximum yield g.p.m. 11 Water sample submitted:	
				12 Well head completion: Wind Mill	,
				☐ Pitless adapter ☐ Inches above grade 13 Well grouted? Yes ☐ No	
,				Neat cement Bentonite	
				14 Nearest source of possible contamination: ft. 200 Direction SE Type	ank
				Well disinfected upon completion? ✓ Yes No 15 Pump: ✓ Not installed	
				Manufacturer's name HP Volts	
				Length of drop pipe ft. capacity g.m.p. Type:	
				Submersible Turbine Jet Reciprocating	
(use a second sheet if needed) 16 Remarks: elevation				Certrifugal Other 17 Water well contractor's certification:	
				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.	
Topography:				Business name 2 VIII License No.	
Slope Upland				Signed Authorized representative	1.75
Forward the white, blue and pink copies to the Kansas State Dept. Of Health.				Fingman From WWC-5	