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

WATER WELL RECORD KSA 82a-1201-1215

T		₹	EW	sec	1/4	1/4	1/4	Nο

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

County Township name Fraction	Section number	Town number	Range number	
1 Location of well: Kingman Kinita NEWNE'4NE	1 24	T285	P5W	
Distance and direction from nobrest town or city: / 1/2 West 3 Own	ner of well:	tick Bolling	yei	_
Street address of well location if in city: of Cheney Ans Ado	dress: P D#	, cl	4 6	625_
Locate with "X" in section below: Sketch map:	X X X	4 Well depth: 80 ft.	Date of completion 5/22	125
N		Well diameter <u>9114</u> in.		
			☐ Driven ☐ Dug ☐ Bored ☐ Reverse rotary	
! ! !		6 Use: Domestic Publ		
W E		☐ Irrigation ☐ Air	conditioning Commercial	
		7 Casing: Material Place	Height: bove below	
i i i		Threaded Welded	Surface 22 in.	
S Mile		Diam.	Weight 200 lbs./ft !Drive shoe? Yes No	
2 Type and color of material	From To	in. to ft. depth	_ ~	
+ 0 1 / 1 / 1	1 1	8 Screen: Manufacturer	- Fowell	
sap Dorl (Sandy loom)	0'4'	1 /	Dia	
Curse Brown Sand.	4'7'	Set between 70 ft. and		. 11
Red Clair	71 221	Fittings: Gravel pack Yes No	Size range of material	8
32' H' Was Lord Red Plans	32 4/2	9 Static water level:	51 1	
1/2	411/01	ft. below land surfa		
and shard theex	1001	24 ft. after 2 hr	s. pumping 18 _ g.p.m.	
red Bed	67 70'	ft. after hr Estimated maximum yield		
Course Med Bed Dranel	70 80'	11 Water sample submitted:	te	
		12 Well head completion:		
		Pitless adapter	Inches above grade	i
		13 Well grouted? Yes Neat cement Benton	∐ No nite ☐ ————	
		·	16 ft.	
		14 Nearest source of possible of ft. 20 Direction	Type	tonk
		Well disinfected upon comp		
		15 Pump: Manufacturer's name	Not installed	
		Model number 2/2021		O .
		Туре:		
		Submersible Jet	☐ Turbine Reciprocating	
(use a second sheet if needed)	<u> </u>	Certrifugal	Other	
16 Remarks: elevation		17 Water well contractor's cert This well was drilled under r	1	
Topography: /		report is true to the best of	I = I = I = I	
Hill Shure.		Business name	License No.	,
☐ Slope ☐ Upland		Address 230 Aw W	Date 5/26	175
Valley		Authorized repres	sentative	
Forward the white, blue and pink copies to the Kansas State Dept. Of Health.		Hunds	Form WWC-5	