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

WATER WELL RECORD KSA 82a-1201-1215

				_
				_
I	1 1	1 1	1 1 1 1 1	. 1
		FIAL	3 /4 3 /4 3 /4 5 1	_
- 1	ĸ	EW	sec 1/4 1/4 1/4 N	۰.

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

							Topeka, Kansas 00020	
County 1 Location of well:	Township name	SF 4	Sec	tion number	T	Town number 29	Range number	
Distance and direction from nearest from g	Set month	_	3 Owner of w	ell: LAV	Vres	YCE Bai	TON	\dashv
Street address of well location if in fity	ingmon Los	nson	Address:	Kino	ma	n Kani	sas Route 3	
Locate with "X" in section below:	Sketch map:					II depth:i	ft. Date of completion 9.3 in.	_ 2
			141	will	_	Cable tool Rotary	Driven Dug Bored Reverse rote	ary
w E	300	Lect.	700/007	, X-	6 Use		ublic supply	ial
X		House	<u>]</u>		1	eaded Welded	Height: <u>above/below</u> Surface <u>24</u> in. Weight lbs./ft	
2 -1 Mile-					<u>ک</u>	- 1	pth Drive shoe? Yes	
Тур	oe and color of material		From	То			& Lowell	
Poil out	100	*	0	1/	Typ Slo	ot/gauze	Dia Length	
Clay Mhi	De Clay			20	Fit	between /6 ft.		4
1 Xed 9	TORK /		26	726			No Size range of material =	¥
umax comes	P. O. D. 1	<u> </u>				ft. below land su nping level below lan	rface Date <u>2</u> 5 75	\dashv
TotA	L Dest	26 fact	_			ft. after ft. after ft. after ft. after	_hrs. pumping g.p.	
					11 Wa			
					12 We	Il head completion:	Uch House ☐ Inches above grade	7
					13 We	Il grouted? Yes Neat cement Ber	□ No ntonite □ ————	
					14 Ne	arest source of possible Direction -	e contamination: Type Barr	No No
					_	inufacturer's name	Not installed INSTALLED	2
					Ler	ngth of drop pipe	HP Volts ft, capacity g.m.	.p.
					_	Submersible Jet	Turbine Reciprocating	
(use	e a second sheet if needed))			_	Certrifugal	Other	
16 Remarks: elevation					1	ter well contractor's o s well was drilled und	ertification: er my jurisdiction and this	
Topography:					rep		of my knowledge and belief.	6
IXIHiII ☐ Slope					Bus Ad	iness name dress MaShv'	LAE Wansal	10. -7
Upland Valley					Sig	Authorized re	presentative Date	