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

WATER WELL RECORD
KSA 820-1201-1215

									П
1	•	i	₹	EW	sec	1/4	1/4	1/4	No.

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

<b>a</b>	County	Township name	Fraction S E	1/4	Section number			Town number	Range number	
Location of well:	Nor Tow	1	Fraction S E	J'/4	2			21	21W	
Distance and direct	ion from nearest town or cit	y: QE, b N. AI	menj	3 Owne	r of well	<b> </b>	U	erne De	Imont	
Street address of we	All location if in eity:			Addr	ess:	1		ISland 1	/22020	
Locate with "X" in section below: Sketch map:						~ 0	X	Well depth: 47 ft. [	Date of completion \$5-14	76
	N							Well diameterin.		, -
,								Cable tool Rotary	☐ Driven ☐ Dug☐ Bored ☐ Reverse rotary	
								Use: Domestic Public		
w	-¦¦¦- <del>}</del>							☐ Irrigation ☐ Air co	onditioning Commercial	
							7 (	Test well Casing: Material <b>DLUCT</b>	shaht: above/helesy	
<u> </u>	<u>i</u>							Threaded Welded 🔀 S	urface 🔏 jn.	
ļ	S Mile							Diam. 5" in. to ft. depth.	Veight Ibs./ft Drive shoe? Yes No	
2	Тур	e and color of material			From	То		in. to 47 ft. depth		
A _							8 :	Screen: Manufacturer <b>Jet S</b>	tream	
LOP SO	1, Clay, L	i m e			0	74		Type Diastie [	oia. <u>5</u>	
Real fi	ne Sand				74	78	:	Slot/gauze 1025 L Set between 237 ft. and	ength 16 F	
Lator L	(25 0 m)	D Clau			18	141		Fittings: Gravel pack 🔀 Yes 🗌 No	Size range of material	
1	6 - t	7 1 5	1		141	8 12 27	9 :	Static water level:		•
rayers	of sine 10	medSan	nd		71	147		ft. below land surface		
	b > 1'	7					10	Pumping level below land sur	faces: pumping 20 g.p.m.	
	BKL	ick .						ft. after hrs.		
		18						Estimated maximum yield —— Water sample submitted:	g.p.m.	
		The						Yes No Date		
								Well head completion:  Pitless adapter	Inches above Gade	٠.
			<u> </u>				13 \	Well grouted? XYes	□No	מצ
		· · · · · · · · · · · · · · · · · · ·					<u> </u>	Neat cement Bentoni	te X	<b>\</b>
							14	Nearest source of possible co	ntamination: Cocra)	
								ft. Direction A Well disinfected upon comple	tion? Yes No	Q
						-			Not installed	
								Manufacturer's name h  Model number h	IP Volts	E
						ļ		Length of drop pipe f	t. capacity g.m.p.	
	-							Type: Submersible	Turbine	D
	(use	a second sheet if needed)						☐ Jet ☐ Certrifugal [	Reciprocating Other	,
16 Remarks; elevat	,					<u> </u>	17 \	Water well contractor's certif		,
	2	20						This well was drilled under my report is true to the best of m	' '	<i></i>
Topography:								morning W.	ell dulling	201
☐ Hill Slope								Business name Address Boylous	Ulford No.	6896
Upland Valley							:	Signed Authorized represe	Kusick Date 747	76 6