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

WATER WELL RECORD KSA 82a-1201-1215

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1	Γ		R	EW	sec	1/4	1/4	1/4	No.

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

		Т		1			1			
1 Lacation of well:	Township name	Fraction NWSW			n number		Town number	Range numbe	W Der	
Distance and direction from nearest town or cit							RD ROBBIN			
Street address of well location if in city:	Address: B × 1009 PAA71, 116 4 Well depth: 25 ft. Date of completion 2									
Locate with "X" in section below:	Hes O Budgamine ?	CR5				4 W	'ell depth: / 5 ft. D 'ell diameter / 2 in.	ate of completi	ion / <u>3~6</u>	
						5 [Cable tool Rotary	Bored Re	verse rotary	
w						7 C	Irrigation Air co	nditioning eight: above/	Commercial below	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					:	Т	hreaded Welded Soljam.	urface	in.	
2 Tue					То	د -	in. toft. depth	offive snoe r	Tes [] 140	
Тур	pe and color of material			From		١.	Aanufacturer	255		
	S 0			٥	కే	Ī	type President/gouze 035 Let between 35 ft. and	oia. <u>6</u>		
<i>,</i> ⊭	ern Repsa Shal	ND STO	Ne	5	72			75 ft.	_	
	Shal	1e		72	75		Fittings: Gravel pack XYes 🔲 No	Size range of n	naterial —	
						9 S	itatic water level: <u>40</u> ft. below land surface	Date 12-4	25	
						10 F	Pumping level below land sur	faces:		
						l _	ft. after hrshrshrshrshrshrs	. pumping	g.p.m.	
					-		Mater sample submitted: ☐ Yes No Date	e		
						4 -	Well head completion: Pitless adapter	Inches abov	e grade	Ć.,
						13 V	Well grouted? Yes Neat cement Benton Depth: From ft. to			90
						_	Nearest source of possible coff Direction		,	
							ft Direction Well disinfected upon compl	etion? X Yes	/peNo	9
						15 1	Pump: Manufacturer's name	Not install	ed	4
					†	1		HP		
						1 .	Type:	_	g.m.p.	N
					-		Submersible ☐ Jet	∐ Turbine □ Reciprocat	ing	
(use a second sheet if needed)							Certrifugal Water well contractor's certi	Other		Vir
16 Remarks: elevation							This well was drilled under n	ny jurisdiction ((_
Topography:							report is true to the best of r	ny knowledge d RDS	140	NS
Ж инти						1	Business name Address		License No.	1
Slope Upland							Signed WH Tyne Authorized repres	entative D	oate 2-24	~#I

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

Form WWC-5