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

WATER WELL RECORD KSA 82a-1201-1215

T	R	FW	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 C/NE /NE'4		Section number			Town number	Range number
1 Location of well:	Kiowa							30	18
Distance and directing 13 south (Street address of we	on from nearest town or cit  414 Lash 9 Il location if in city:	y: buens bury	à 750,	3 Owner		50	0 1	Drilling Bligg	
Locote with "X" in	section below:	Sketch map:		-			4 \		. Date of completion 3-5-7
							5 [	Cable tool 🗶 Rotary	
w <b>-</b>	!						6 L	Jse: Domestic Pul Irrigation Air	olic supply 🕍 Industry conditioning 🗌 Commercial
	S S							Casing: Material Purc Threaded Welded Diam.	Surface 18 in. Weight 60 lbs./ft.
2	Typ	e ond color of material			From	То		in. to ft. dept	h Drive shoe? Yes No
Jan soil					0	2	8 Screen:  Manufacturer		
Line	sand				2	4	Set between 150 ft. and 180 ft.		
Brown	n clay				4	10		Fittings: Gravel pack 🗌 Yes 🕡 h	14 - 13 - Hichard Size range of material Chi.
Brown + white clay					10	85	9 9	Static water level:	
sand + granel					85	94	10	Pumping level below land	
Gellow	Brown + G	ray clas	<del>1</del> ——		94	110	-		nrs. pumping g.p.m.
Sand	+ granel	, , , ,	·		110	140	11 \	Water sample submitted:	ate
Brown	clay				140	146	12 \	Well head completion:	_
Sand.	of grand	w/white	Clay		146	158	13 \	Pitless adapter Well grouted? Yes	Inches above grade
Brown	+ gray	Clay			158	180	_	Neat cement ☐ Bent Depth: Fromft. to	
	· . ·	/					14	Nearest source of possible ft. <b>ゴロロ</b> Direction —	contamination:
								Well disinfected upon com Pump:	
					<del></del>			Manufacturer's name Model number	
								Length of drop pipe Type:	ft. capacity g.m.p.
							1	Submersible  Jet	☐ Turbine☐ Reciprocating
	(use	a second sheet if needed)	)	Ī				Certrifugal	Other
16 Remarks: elevat	ion							Water well contractor's ce This well was drilled under	
Topography:  Hill Slope  Upland	pul	led & spl	ugge	d			1		imy knowledge and belief.  Semis 134 License No. License No. Ladawn Date 524

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

Form WWC-5