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

		_	FW	 	1/4	1/4	1/4	No	

WATER WELL RECORD KSA 82a-1201-1215 Kansas State Dept. Of Health (Water Well Contractors) Forbes-Bldg. 740 Topeka, Kansas 66620

		50/11	( 11W)	ld d				Forbes-Bidg. 740 Topeka, Kansas 66620
County	Township name	Fraction		<del>11 / -</del>	n number		Town number	Range number
1 Location of well:	Sullivan	SWI	4		3	4	7305	135 CV
Distance and direction from nearest town or cit  CW  Street address of well location if in city:	iw of SAT	NA MA	3 Owner	of well:	Шi	7 2	Christian	
Street address of well location if in city:	100 g 3137	<i>J.</i> <b>V. V</b> · <b>J</b>	Addr	ess:	Ul	/886	s, Kansas	
Locate with "X" in section below:	Sketch map:						ell depth: 385 ft.	Date of completion 2/21/7
							Cable tool X Rotary Hollow rod  Jetted	☐ Driven ☐ Dug ☐ Bored ☐ Reverse rotary
w E						6 Us	e: Domestic Publ    Irrigation Air o	ic supply Industry
<del>-</del>						TH	sing: Material Siec	Surface ip.
S 1 Mile						Ž	5m. 6 in. to 385 ft. depth	Weight 2:2 lbs./ft Drive shoe? Yes No
2 тур	e and color of material			From	То		in. to ft. depth	,
Top Soil				0	2	м	anufacturer 4.B. /s	Dia. 16"
Overburden				2	160	Si	3 1 a c 10	Length 3"
Gravel & Coarse Sd.				160	220		ttings: ravel pack XYes \( \sum \)	,,
Gravel				220	260	9 St	atic water level:	ce Date <u>2-23-</u> 25
Coarse Sd. & Blue Cla	V			260	. 275	10 Pu	imping level below land su	urfaces: NA
Coarse Sd. & Clay				275	385	_	ft. after hr	s. pumping g.p.m.
Coarse Sd.	,			385	410	11 W	timated maximum yield — ater sample submitted:	
							Yes X No Da	te
							Pitless adapter NA	Inches above grade
						l ∑	ell grouted? 🔀 Yes Neat cement 🔲 Bentoi	
							epth: From ft. to	
				· · · · · ·		ft	. — Direction — Vell disinfected upon comp	Туре
					-	15 Pc	<u>'</u> '	Not installed
·					-		anufacturer's name	HP Volts
						<u> </u>	ength of drop pipe	
							Submersible  Jet	Turbine Reciprocating
,	e a second sheet if needed	)					Certrifugal	Other
	Pone					TI	ater well contractor's cert nis well was drilled under	my jurisdiction and this
1	asture LANG	a.					port is true to the best of STM DRILLING	my knowledge and belief.
☐ Hill ☐ Slope							ddress Box \$385	Guyman, Ukla
Upland Valley						S	gned OCALA Authorized repre	sentative Date 3

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

Form WWC-5