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

WATER WELL RECORD

+		FW	sec	1/4 1/4	1/4 No	_
	T	ТТ	\Box			٦

Kansas State Dept. Of Health

Christi	an #2 I	nv. # 10987	KSA 82a-1201-12	215			F	Vater Well Contractors) orbes-Bldg. 740 opeka, Kansas 66620
1	County	Township name	Fraction	Section	n number		Town number	Range number
Location of well:	Grant		C-SW-SE		21		30s	R35W
	ion from nearest town or cit Il location if in city: section below: N	y: 8 3/4 miles Satanta Sketch map:	J., J2	wner of well	Sage	4	orilling Compan orilling Compan orilli	
w	E S Mile	13450. 7 Lock.	mi W	Imi:		6	Cable tool Rotary Hollow rod Jetted Use: Domestic Publi Irrigation Air o Test well Casing: Material PVC Threaded Welded	Bored Reverse rotary c supply Industry onditioning Commercial il Well Height: above/below Surface 12 in. Weight 15./ft
	Тур	e and color of material		From	То	8	Screen:	-
Surface				0	2		Type PVC	Dia. 5½
Brown Cla	ay			2	11		Set between 165 ft. and	
Sandy Cla	ay	., .		11	20		Fittings: 1 / Gravel pack X Yes No	/8 to 3/16 Size range of material ——
Fine to	medium sand w	/clay streaks		20	40	9	Static water level: 110 ft. below land surface	ce Date <u>1-21</u> -75
Medium to	o coarse grave	el w/clay str	eaks	40	84	10	Pumping level below land su	
Fine to	medium sand w	/clay streaks		84	154		ft. after hr:	., pumping g.p.m.
Tan Clay				154	160	-	Water sample submitted:	
Tan Clav	w/sand streat	ks		160	200	12	Yes K No Da Well head completion:	te
24 4.4)						_	Pitless adapter 12	Inches above grade
							Well grouted? X Yes Neat cement Benton Depth: From 6	
							Nearest source of possible of the 100 Direction	ontamination:
						_	Well disinfected upon comp	letion? X Yes No
						15	Pump: Manufacturer's name	Not installed
						1	Model number	HP Volts ft. capacity g.m.p.
					+	1	Туре:	capacity g.m.p.
							Submersible Jet Certrifugal	Turbine Reciprocating Other
16 Remarks: eleva		e a second sheet if needed		ı		17	Water well contractor's cert	
TO Remarks; eleva						"	This well was drilled under report is true to the best of	my jurisdiction and this my knowledge and belief.
Topography:							Carlile Water	Well 118

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

Hill

Slope **☒** Upland ☐ Valley

Form WWC-5

License No.

Ks.

Address P.O. Box 275, Tiberal
Signed Authorized representative

Business name