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

WATER WELL RECORD KSA 82a-1201-1215

$\overline{}$		 ~	FW	-60	1/4	1/4	1/4	NIA
	_	_						

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

Wallow !								opeka, Kansas 00020
County 1 Location of well:	Township name	Fraction		Section	n number		Town number	Range number
Summas	ļ	CNE		2	- 9		30	1 7 W
Distance and direction from nearest town or ci	"I mile &	Louth	3 Owner	•••	Sw	eet	mare Di	elling to
Street address of well location if in city:	multon	ر	Addre	ss: /	Via	Kita		
Locate with "X" in section below:	Sketch map:						depth: <u>45</u> ft. diameter <u>7</u> in.	Date of completion
						5 🔲 Co	able tool 🔀 Rotary	Driven Dug
-1-								Bored Reverse rota
W E								onditioning D Comperci
							Test well ()	-//
						Threa	ded 🗌 Welded 🔀	Surface 12 in.
S Mile						Diam.		Weight <i>443</i> lbs./ft <i>14</i> Drive shoe? ☐ Yes 反 N
2 Тур	se and color of material			From	То		in. to ft. depth	
		00.		ħ	9 1	Manu	facturer Deske	
	- Tirk	May	0	<u>ں</u>	22		-	Dia Length
		pan	1	<u>25</u>	30		etween 35 ft. and	## ft
		Traul		30	45	Grave	el pack 🔀 Yes 🗌 No	Size range of material
					ļ		water level: 2 ft. below land surface	ce Date 8-11-75
							ing level below land su	
							ft. after hrs	s. pumping g.p.m s. pumping g.p.m
							sample submitted:	g.p.m.
	· · · · · · · · · · · · · · · · · · ·					Ye	es XNo Da	te
						. —	head completion: tless adapter	☐ Inches above grade
							grouted? XYes eat cement XBentor	□ No
						Depth	ear cement sentor	LO_ft.
						14 Near	est source of possible c	
						1	disinfected upon comp	letion? Yes
						15 Pump: Manu	: facturer's name	Not installed
						Mode	el number	HP Volts ft. capacity g.m.
		- 100				Туре:	:	
		,]	ubmersible et	☐ Turbine☐ Reciprocating
	e a second sheet if needed)					ertrifugal	Other
16 Remarks: elevation						This v		my jurisdiction and this
Topography:						1 :	t is true to the best of	my knowledge and belief.
□нш						Busing	ss name 10	License N
Slope Upland						Addre Sign e		Date 8-/
Valley							Authorized repres	sentent ve

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

Form WWC-5