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

WATER WELL RECORD KSA 82a-1201-1215

	T T		
T	R	EW	sec 1/4 1/4 1/4 No.

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

1 Location of well:	Barber	Township name	Fraction WENE N		•	n number		Town number	Range number X
^	on from nearest town or ci	Mep 180	GR 3	Addres	of well:	Jr.	ed 2	STRICT	IAMD
Locate with "X" in s	section below:	Sketch map:		·			4 Wel	1 depth: 43 ft. Do	ate of completion
w		Horse	¥	PA	Ray		5	Cable tool Rotary Hollow rod Jetted Momestic Public Public Air cor	Bored Reverse rotary supply Industry aditioning Commercial sight: above/below
<u> </u>	S Mile	M250 7					Dig	m. Welded Sisum.	eight in. 771 eight lbs./ft rive shoe? [] Yes [X]No
2	Тур	e and color of material			From	То		_ in. to ff. depth	
		5	8/1	4	0	4	Ma Typ	nufacturer Peep/ e P/ t/gauze 035 Le	ess 4
		Mep 9	AND	/	4	36	Set	betweenft. and _	ngth
		C/A	Υ		36	37	Gra	rings: ovel pack VYes No S	ize range of material —
		FINA	SAN	D	32	40	9 Stat	tic water level: ft. below land surface	Date 6-3-76
		3 hz	110		<u>'</u>	43		ping level below land surfa — ft. after — hrs. — ft. after hrs.	pumping g.p.m.
							11 Wa	mated maximum yield	
							12 We	I head completion:	Tinches above grade
							13 We		N₀ • □
							14 Ne	prest source of possible con Direction Ell disinfected upon complet	tamination:
							15 Pun Ma	np: D	Not installed
		NAMES AND	V Table 4				Len	del number HI gth of drop pipe ft	
								Submersible	Turbine Reciprocating
16 Remarks: elevati Topography: Hill Slope Upland		e a second sheet if needed)					17 Wat This rep Busi	Certrifugal ter well contractor's certificative well was drilled under my port is true to the best of my ports name dress Authorized representations.	jurisdiction and this knowledge and belief. POS 140 License No.

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

Form WWC-5