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

WATER WELL RECORD KSA 82a-1201-1215

				П			
		\perp					ш
T	R	EW	se	: 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		Section	on number		Town number	Range number		
1 Location of well:	· ·	·	NWSWS	ω		2		325	12W		
Distance and directi	ion from nearest town or cit	y:						MUD Co.			
Street address of we	Street address of well location if in city: 281 5 Meg Lopge Address: Box 364 6 Reat Bend										
Locate with "X" in	section below:	Sketch map:						Vell depth: 76 ft. D	ate of completion 2-19-7		
	i i i i i i i i i i i i i i i i i i i		RR				5 [Cable tool Rotary [Hollow rod Jetted	'		
w		A X	1				6 U		supply Industry		
*		→10	Bio	c S				Casing: Material PCC			
 	S Mile	180						Diam. Lin. to 24 ft. depth!			
2	Тур	e and color of material			From	То	-	in. to ft. depth			
		Soil 4 C	iny		O	15	T	Manufacturer Peck 16)ia. 4		
		Men SA	N D		15	22	3	Slot/gauze 235 L et between 11 ft. and	ingth		
		MUD			32	63		Gravel pack XYes 🗌 No	Size range of material —		
		FINEDINT	Y 5A1		63	45	9 5	tatic water level: 25 ft. below land surface	Date 19-75		
<u> </u>	Me	Djum "	1.1		.5	75	-	Pumping level below land sur	pumping g.p.m.		
		5 h	118		75	16		stimated maximum yield			
							_	Vater sample submitted: ☐Yes X No Date	,		
								Vell head completion: Pitless adapter	15 ☐ Inches above grade		
							13 V	Vell grouted? Yes Neat cement Bentoni	□ No /		
							14 1	Negrest source of possible co	ntamination 5ep174		
							†	it. Do Direction 2	etion? Yes No		
							١ ,	vidilotacionel 3 fidilie	Not installed		
								Model number 3548 ength of drop pipe 63	t. capacity g.m.p.		
								→	Turbine }		
	(use	a second sheet if needed)						Jet Certrifugal	Reciprocating /		
16 Remarks: elevat	rion							Vater well contractor's certif his well was drilled under m	· · · · · · · · · · · · · · · · · · ·		
Topography:							r	eport is true to the best of m	y knowledge and belief.		
Hill Slope							ı	Susiness name	License No.		
Upland Valley							S	Authorized eprese	ntative Date 2-247		
			IAL						Form WMC-5		