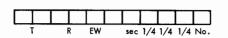
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD KSA 82a-1201-1215



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

	County	Township name	JUJUJU					Town number	Range number	
1 Location of well:	BARBER	Med Loose						325	12 W	
Distance and direction from nearest town or city: 1 F MEDLODGE 3 Owner of well: GIEN WEIGMAN										
Street address of well location if in city: Address: Mep lobee R (6)									67704	
Locate with "X" in section below: Sketch map:						4 Well depth: 30 ft. Date of completion 4-1 Well diameter 2 in.				
<u> </u>						5 Cable tool K Rotary Driven Dug				
							Hollow rod Jetted Bored Reverse rotary			
W! E						6 Use	6 Use: Domestic Public supply Industry			
V 5 E & S F > S F &						☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☐				
w						7 Casing: Material Height: above/below				
<u> </u>							Threaded Welded Surfacein. Diggn. Weight lbs./ft			
Mile →							in. to 20 ft. depth Drive shoe? Yes No			
2 Type and color of material					From	То	in. toft. depth!			
201/25						10		Peck	1095	
301/a5AND					0	,,,	Type Dia. J. Slot/gauze Dia. Length			
elay					10	2 (Set between 2 ft. and 30ft.			
Mer SAND					2/	29	Fittings: Gravel pack Yes No Size range of material			
Mer SAND Strale					29	30	9 Static water level:			
					· ·			ft. below land surface		
						-		ft. after hrs.	pumping g.p.m.	
							Estin	ft. after hrs. mated maximum yield	pumping g.p.m.	
								er sample submitted:		
								Yes No Date		
The state of the s							12 Well head completion: Pitless adapter Inches above grade			
							13 Wel	I grouted? X-Yes [] No	
							X Dep	Neat cement 🔲 Bentonite th: From ———— ft. to —	ft.	
							14 Nec	arest source of possible cont	tamination: Sept 10	
							Wel	disinfected upon complete	tamination: SQLIC TypeNo	
	WAN.	4					15 Pum	p: 5	Not installed	
								nufacturer's name	Volts	
								gth of drop pipe ft.	1	
							Type	_] Turbine	
(use a second sheet if needed)						=	Jet Certrifugal	Reciprocating Other		
16 Remarks: elevati		_ record shear if freeded)				I		er well contractor's certific		
10 10 10 10 10 10 10 10 10 10 10 10 10 1							This	well was drilled under my	jurisdiction and this	
Topography:							repo	ort is true to the best of my	*	
□ніп							Buşf	ness name	License No.	
Slope								ress 177 4	4	
Upland							Sign	Authorized represent	tative Date	