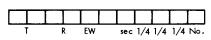
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

10 38 / 30 20

WATER WELL RECORD KSA 82a-1201-1215



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

		· · · · · · · · · · · · · · · · · · ·						
1 Location of well:	County HARDER	Township name	Ofaction NW NE NE				Town number	Range number R 6 W
Stance and directi	ion from nearest town or ci	ty: A P	HAR PERS	Owner of well	· Fle	N R	Y AIPH	iv
Street address of well location if in city: No.						K	<i>'</i> 5	
Cocate with "X" in s	section below:	Sketch map:	····	,,		4 We	II depth: 96 ft. i	Date of completion
w		To see	AK				e: 💢 Domestic 🗌 Publi	Bored Reverse rotary
	S Mile	46	75′	tuell LP)	Thi Di-	in. to He ft, depth	
2	Тур	e and color of material		From	То		in. to ft. depth	
		e la	· <i>y</i>	0	16	Mo Ty	reen: $ \frac{Pecr 16}{P} $ pe $ \frac{PVC}{C} $ ot/gauze $ \frac{95}{71} $ ft. and things:	Dia. 4"
		SANDY	Ćlay	16	21	Sei Sei	t between 91 ft. and	94 ft
		JANI)	31	24	Gr	avel pack 🔀 Yes 🗌 No	
		Clay		25	50	9 Stg	tic water level: ft. below land surface	e Date 1-13-75
		ED to COA	RSE SOND		72	_		. pumping g.p.m.
	e la	Yamno		72	8/	Est	ft. after hrs imated maximum yield	pumping g.p.m. 5_0_ g.p.m.
	NI€ [2 SAND		87	94	_	ater sample submitted: Yes X No Dat	te
	Re	D Sh416		94	96	12 We	ell head completion:	Anches above grade
						13 We	Neat cement Benton	ite
						ft.	earest source of possible confidence of possi	etion? Yes No
	w.w.					M	anufacturer's name <u>JAC</u> odel number <u>554B</u>	Not installed Lizzi HP 7 Volts 36 ft. capacity 6 g.m.p.
					•		pe: Submersible Jet	Turbine Reciprocating
	(us	e a second sheet if need	ed)				,	Other
16 Remorks: elevation TOP SIAB WIII BE PLACED Topography: BY GRSTOMER						Th	ater well controctor's certi is well was drilled under n port is true to the best of n	ny jurisdiction and this ny knowledge and belief.
Topography: Hill Slope Upland	By Cons	TOMER				Bu:	isiness name Idress W Authorized repres	5 140 License No.

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

Form WWC-5