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

WATER WELL RECORD KSA 82a-1201-1215

									_
		 _		-		_			
1	7	 R	EW		sec	1/4	1/4	1/4	No.

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

	County	Township name	Fraction	Fraction		Section number		Town number	Range number		
1 Location of well:	Seward	NW NW		SE/4				т 33 в	R 34 W		
Distance and directi	ion from nearest town or cit	y:		3 Owner	of well			0-4344			
Street address of we	Addre	ess:		enry Guthridge iberal, Kansas							
Locate with "X" in section below: Sketch map:							4 Well depth: 284 ft. Date of completion 8-27-75				
	N							I diameter 9 7/8 in.			
							5 Cable tool Rotary Driven Dug Hollow rod Detted Bored Reverse rotary				
w							6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial				
							Test well X Stock Well				
							7 Casing: Material BMP Height: above below Threaded Welded Substrace 24 in.				
	s							Diam. Weight 220 lbs./ft. 100			
2	→1 Mile→			1		Γ	,	Lin. toft. depth!Di in. toft. depth!	rive shoe? Yes XNo		
	Туре	e and color of material			From	То	8 Scr	en:			
Top	Soil			1	0	5		nufacturer Jess			
Top Soil Fine Sand						00	Slo	Type			
Fine	5_	82	Slot/gauze 1/8# Length 20# Set between 277 ft. and 28# ft								
Med. to Lar. Sand & Gravel						95		vel pack XYes No S	41144		
Fine	Sand & Sandy	Clay			95	145	9 Stat	ric water level:ft. below land surface	Date 8-27-75		
	To Lar. Sand	. •	•		145	180	10 Pur	ping level below land surf	aces:		
		u samuy ousy						ft. after hrs. ft. after hrs.			
Clay	/ & Gravel				180	212		mated maximum yield3			
Med.	to Lar. Sand	& Sandy Clay	<u>r</u>		212	292		ter sample submitted: Yes 🛣 No Date			
								I head completion:			
									8 Inches above grade		
1								I grouted? XX Yes [Neat cement ☐ Bentonity	□ No e X		
							Dep	th: From Oft. to _	10 ft.		
								arest source of possible con			
								Il disinfected upon complet			
								np:Windmill [nufacturer's name Aer	Not installed		
							l Mo	del number H	P Volts		
							Len Typ	gth of drop pipe _157 ft	. capacity 3 g.m.p.		
								Submersible	Turbine		
	(use	a second sheet if needed)					. =		Reciprocating XOther		
16 Remarks: elevati				'		•		ter well contractor's certifi	cation:		
							I	well was drilled under my ort is true to the best of my	'		
Topography:							'	riesen Windmi			
							Busi	ness name	License No.		
☐ Slope ☐ Slo								ned The	Date		
Valley								Authorized represen			

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

Form WWC-5