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

WATER WELL RECORD KSA 82a-1201-1215

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:	County	Township name	Fraction	Section	n number	Town number	Range number	
	Stevens		Swff/New/y/	VEK	32	7-345	1835 W	
Distance and direct Street address of we	tion from nearest town or ci	oton, KAN	/ //3	Owner of well Address:	60	scow, Kan		
Locate with "X" in	section below:	Sketch map:				Well depth: 1/8 ft. Well diameter 3/2 in.	Date of completion 3/9/16	
	x					5 🔲 Cable tool 💢 Rotary	☐ Driven ☐ Dug ☐ Bored ☐ Reverse rotary	
w						Test well	conditioning Commercial	
	S					Diam.	Surface in. Weight lbs./ft	
2	Typ	pe and color of material		From	То	in. to ft. depth	Drive shoe? Yes No	
Overburden					2	Screen: Manufacturer L.B. For Long Type Steen: Slot/gauze B. Length Set between 242 ft. and 214 ft.		
Top Soil				2				
Fine Sd. & Clay w/Rock				160	380	Fittings: 690 Gravel pack X Yes No	718	
Fine Sd.	& Clay			380	680	9 Static water level: 16 ft. below land surfa	, .	
Fine Sd.	& Clay			680	700	0 Pumping level below land su	•	
Fine Sd.	& Clay			700	726		s. pumping g.p.m.	
	, , , , , , , , , , , , , , , , , , ,	<u> </u>				1 Water sample submitted:	ıte	(
						2 Well head completion: Pitless adapter	☐ Inches above grade	-
			7800			Well grouted? XYes Neat cement Benton Depth: From ft. to	No nite	
						4 Nearest source of possible of		
	name of the second	· · · · · · · · · · · · · · · · · · ·				Well disinfected upon comp	letion? Yes No	
						Manufacturer's name	. HP Volts	
						Туре:	ft. capacity g.m.p.	
						Submersible Jet	Turbine Reciprocating	
16 Remarks: eleva		SA Johnso	ON IRR		1	Certrifugal 7 Water well contractor's certain		
Tanana		5teel	16" 5104			This well was drilled under report is true to the best of	my knowledge and belief.	
Topography:		670	0-690			Business name	, INC. 225 License No. Dkla.	
Slope Slope Upland Valley		14 Crop	LAND			Signed Actions of the	Date 4/22/	6
	blue and pink copies to the	Kansas State Dept. Of Hea	ılth.				Form XWC-	م 5-