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

## 3 4 5 W 3 / MWWE Sec 1/4 1/4 1/4 No.

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	Township name	Fraction		Section 3	number		Town number	Range number	
Distance and discoul	Harper	00 l	NWNW X					345		
Distance and direction from nearest town or city: $2S \frac{1}{2} \mathbf{w} = 1 \times \mathbf{f}$ 3 Owner of well: Jacobs Street address of well location if in city: $city$ Address:							Sk Mardis Bluff Gity, Ks 37108			
Locate with "X" in section below:  N							4 Well depth: 63 ft. Date of completion Well diameter in.			
w	<b>%</b>	NU + NO	WIN	EZ		,	5 🔲	Cable tool Rotary CHOIlow rod Jetted CHOIlow Public	Bored Reverse rotary	
5 1 Mile						Test well Height: above/below Threaded Welded Surface in.  Weight Lbs./ft.  in. to ft. depth Drive shoe? Yes No				
2 Type and color of material From To						То	in. tott. depth!			
soil and claw					С	12	Manufacturer			
shale					12	63	Slot/gauze			
						9 Static water level:ft. below land surface Date				
							_	ping level below land surfo ft. after hrs. ft. after hrs. nated maximum yield	pumping g.p.m.	
								er sample submitted:		
							12 Well head completion:  Pitless adapter  Pitless adapter			
							13 Wel	grouted? Yes   Neat cement   Bentonite th: From ft. to	No : □	
							14 Ned ft Wel	rest source of possible con C Direction 1 I disinfected upon complet	Type LLT No	
								iufacturer's name	Not installed  Volts	
					_			gth of drop pipe ft.	1	
	(use	a second sheet if needed)							Turbine Reciprocating Other	
16 Remarks: elevation								er well contractor's certific well was drilled under my	1	
Topography: ☐ Hi     ☐ Slope ☐ <b>\textstyle Upland</b>							report is true to the best of my knowledge and belief.  Lyman BR05   40  Business name Address   License No.  Signed   Lymana Date 2-7-15			
Valley							3.gr	Authorized represen	tative	

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

Form WWC-5