USE TYPEWRITER OR BALL				
NOINT PEN-PRESS FIRMLY,				T R EW sec 1/4 1/4 1/4 No.
PRINT CLEARLY.	WATER WELL RECORD KSA 820-1201-1215			Kansas State Dept. Of Health (Water Well Contractors) Forbes-Bldg. 740
	21)	<u> </u>		Topeka, Kansas 66620
1 Location of well: Rawlins	Logan Wyf	NW/4 3	number #	Town number Range number 35 34 W
Distance and direction from negrest town or city. Street address of well location if in city.	lakema_	3 Owner of well: Address:	Tr	ank Clinert
Locate with "X" in section below:	Sketch map:	<u> </u>		4 Well depth: 65 ft. Date of completion 5 30 7.
×				Well diameter in. 5
W ' E			<u> </u>	Irrigation Air conditioning Commercial Test well 7 7 Casing: Material Plast Eleight: above/below
5 Mile			į	Threaded Welded Surface La in. Diam. Weight Bis./ft.
2	e and color of material	From	То	5 in. to 5 ft. depth Drive shoe? Yes No in. to ft. depth 8 Screen:
Sandy clay	,	0	15	Manufacturer Jess Jowell Type Dia.
Sandy clay		15	30	Set between 5 ft. and 5 ft.
fine sand		30	45	Fittings: Gravel pack X Yes No Size range of material —
Gravel		45	60	9 Static water level: 36 ft. below land surface Date 5-2075
2 gravel 3/	shale	60	65	10 Pumping level below land surfaces: ———————————————————————————————————
				Estimated maximum yield g.p.m.
				11 Water sample submitted: Yes No Date
				12 Well head completion: Value Pitless adapter X Inches above grade
				13 Well grouted? Yes No No No No
				14 Nearest source of possible contamination: ft. 350 Direction Last Type Cosa Well disinfected upon completion? Pres No
•	-			15 Pump: PNot installed Manufacturer's name
				Model number HP Volts Length of drop pipe ft. capacity g.m.p.
	4.0 ₄ .0			Type: Submersible Turbine
(use	e a second sheet if needed)			☐ Jet ☐ Reciprocating ☐ Certrifugal ☐ Other
16 Remarks; elevation Z950	(TOPO)			17 Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Topography:	- <i>U</i>			Business pame in Dicense No.
☐ Slope ☐ Upland ☑ Valley ☐ 1 and 1	creek			Signet Authorized representative Date Date Date Date Date Date Date Dat