USE THE PEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY. WATER WELL RECORD Kansas State Dept. Of Health KSA 82a-1201-1215 (Water Well Contractors) Forbes-Bldg. 740 Topeka, Kansas 66620 County Township name Fraction Section number Town number Range number 1 Location of well: 3 Owner of well: Swede Calnon Address: St. Francis X5 Street address of well location if in city: 4 Well depth: 265 ft. Date of completion Locate with "X" in section below: Sketch map: 5 Cable tool Rotary Driven Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☑ Reverse rotary 6 Use: Domestic Public supply Industry ✓ Irrigation ☐ Air conditioning ☐ Commercial Test well 7 Casing: Material Stee Height: above/below Threaded Welded Surface 22 in. Digm. Weight 2030 lbs./ft. L ft. depth! Manufacturer: Cac Set between Fiftings: Gravel pack 🔀 Yes 🗌 No Size range of material 9 Static water level: 10 Pumping level below land surfaces: ft. after _____ hrs. pumping _____ ft. after _____ hrs. pumping _ Estimated maximum yielde 500 Water sample submitted: Yes X No 12 Well head completion: Pitless adapter Inches above grade 13 Well grouted? XYes □ No Neat cement Bentonite A Conscle Depth: From Oft. to Oft. 14 Nearest source of possible contamination: ft. None Direction Well disinfected upon completion? Yes 15 Pump: Not installed BROCK Manufacturer's name WEStern Land Kolly Model number 14 PC HP 100 Volts 480 Length of drop pipe 250 ft. capacity ____ g.m.p. Type: Submersible Y Turbine Reciprocating ☐ Jet Certrifugal Other (use a second sheet if needed) 16 Remarks: elevation 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: ☐ Hill ☐ Slope 💹 Upland

🔲 Valley