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

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WATER WELL RECORD KSA 82a-1201-1215

Kansos State Dept. Of Health (Water Well Contractors) Forbes-Bldg. 740 Topeka, Kansas 66620

TRACT	IN	Topeka, Kalisas coozo								
1 Location of well: CLOUD LINCOLN STSE4	Section number	Town number Range number W								
Distance and direction from nearest town or city: EAST \$ 5 3 Owner of well: KENNETH SKEELS										
	Address: CONCORDIA, KANSAS									
	EPTIL	4 Well depth: 49 ft. Date of completion 49/2/75 Well diameter 6 in.								
Home D	RAINAGE	5 Cable tool Rotary Driven Dug Hallow rod Jetted Bored Reverse rotary								
w - <u>*</u> _E	. ,	6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial								
R. 4	ELL.	Test well								
100 DR	CAINAGE	7 Casing: Material Height: above below Threaded Welded Sisurface II. Diam. Weight Ibs./ft.								
BARN YARD		in. to 109ft, depth Drive shoe? Yes 10 No								
2 Type and color of material	From To	in. toft. depth! 8 Screen:								
TOPSOIL	03	Manufacturer SEPTRINTEED Type SHIPP PILDia.								
BROWN CLAY	3 53	Slot) gauze								
SANDY LLAY	53 57	Fittings: Gravel pack X Yes No Size ronge of materiol								
RED CLAY	57 65	9 Static water level: ft. below land surface Date 10/2/75								
ROCK	65 66	10 Pumping level below land surfaces:								
YELLOW LLAY	66 70	ft. after thrs. pumping fg.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield g.p.m.								
SAUDROCK	10 13	11 Water sample submitted:								
RED CLAY	13 92	12 Well head completion:								
SANDROCK	92 106	Pitless adapter Inches above grade 13 Well grouted? Yes No								
BLUE CLAY	106 110	Neat cement Bentonite Depth: From ft.								
STOP	110	14 Nearest source of passible contamination: ft								
		15 Pump: Not installed								
		Manufacturer's name HP Volts (
		Length of drop pipe ft. capacity g.m.p. Type:								
		Submersible Turbine Det Reciprocating								
(use a second sheet if needed)		Certrifugal Other								
16 Remarks: elevation		17 Water well contractor's certification: This well was drilled under my jurisdiction and this								
Topography:	report is true to the best of my knowledge and belief.									
☐ Hill ☐ Slope _		Business name Address CLIFTEN, KANSSS								
Upland Valley		Signed Authorize Green resentative Date 10/2/75								
		E MANC E								

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

Form WWC-5