USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, sec 1/4 1/4 1/4 No. PRINT CLEARLY. WATER WELL RECORD Kansas State Dept. Of Health SA 82a-1201-1215 (Water Well Contractors) Forbes-Bldg. 740 Topeka, Kansas 66620 NW NE Fraction Township name Section number Town number Range number 1 Location of well: Distance and direction from nearest town or city: Street address of well location if in city: Address: Locate with "X" in section below: 5 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary 6 Use: Domestic Public supply ☐ Industry 🔲 Test well 🔲 . 7 Casing: Material Steel Height: above below C
Threaded Welded Disurface 12 in. Weight 32 lbs./ft.1 S in. to 325ft. depth Drive shoe? Yes No \_ ft . depth Type and color of material From To 8 Screen: Gravel pack X Yes No Size range of material. 9 Static water level: 210 170 ft. below land surface Date 6-20-75 10 \_Pumping level below land surfaces: 300 ft. after 3 hrs. pumping 850g.p.m. \_\_\_ ft. after \_\_\_\_\_ hrs. pumping \_ 251 Estimated maximum yield \$50 g.p.m. Water sample submitted: Yes Yes **X** N₀ Date 12 Well head completion: Pitless adapter Inches above grade DNo Puddled 13 Well grouted? 🔀 Yes Neat cement Bentonite Clay Depth: From \_\_\_\_\_ft. to \_\_\_\_ft. 14 Nearest source of possible contamination: Well disinfected apon completion? Yes 15 Pump: , Not installed Manufacturer's name Model number 3n C HP \_ Length of drop pipe 3/10 ft. capacity 850 g.m.p. Type: Submersible X Turbine ☐ Jet 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 report is true to the best of my knowledge and belief. Topography: Hill ☐ Slope 😾 Upland Authorized representative 🗖 Valley

Form WWC-5

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

RIGHTO NO.