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

WATER WELL RECORD KSA 82a-1201-1215

					L				
1	Γ	- 1	₹	EW	sec	1/4	1/4	1/4	No.

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

1 Location of well:	Mitchell	Township name	Fraction NE S	VE SE		Section number		Town number	Range number			
Distance and direct	3 Owner of well: Lussey Hardware											
Street address of well location if in city:						Address: Miltenuale, kuins						
Locate with "X" in section below: Sketch map:							4 We	Well depth:ft. Date of completio_5-23-7. Well diameterin. (5")				
	1						5 🗌	Cable tool 🖪 Rotary	□ Driven □ Dug □ Bored □ Reverse rotary			
w	E							Test well 🗷 💃	deight: (bove) below			
L	S Mile						Thr Dig	readed Welded 🔀	Surface in. Weight lbs./ft Drive shoe? Yes No			
2		e and color of material			From	То		in. to ft. depth	Orive shoe? Yes No			
Clar	tous		=.		0	9	8 Scr Ma	reen: anufacturer <u>Shap</u>	5-11			
Shale, gray + yellow & interbodded 55.						44	S I o Set	obt/gauze 3/3 to the between 55 ft. and	ength			
Sands	tore, fine 1	Covery fine	- cout	3145			Fit	tinas:	Size range of material 24			
fe	w thin s	hale zones			44	90	9 Sta	tic water level:  ft. below land surfac	e Date 5-23-75			
							10 Pur	mping level below land sur	faces: . pumping g.p.m.			
							Esti	ft. after hrs imated maximum yield 🕏	. pumping g.p.m.			
						<u> </u>	_	iter sample submitted: Yes 🔀 No Dat	e			
					<del></del>			ell head completion: Pitless adapter	ZInches above grade			
							X	Il grouted? Yes  Neat cement Benton  oth: From ft. to	te			
							ft.	earest source of possible co	Туре			
	2		<del></del>				We 15 Pun	ell disinfected upon comple mp:	Yes No			
							Мо	anufacturer's name	HP Volts it. capacity g.m.p.			
			40.400		·		Тур		Turbine			
	(use	a second sheet if needed)							Reciprocating Other			
16 Remarks: elevat								iter well contractor's certi- s well was drilled under m	1			
Topography:								port is true to the best of m	′ '			
☐ Hill  Slope							· ·	iness name	Zicense No.			
Upland							Sig	aned Authorized represe	Dat <u>6-9-7</u> 5			

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

Form WWC-5