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

WATER WELL RECORD KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

SE SE NE

1. Location of well: 2. Discontinuo from anassata tunno or city: 3. Control of well: 4. Control well: 4. Control of well: 4. Control of well: 5. Control of well: 6. Contr	• County	Fraction	Section	number	Township number	Range number
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7. Cobis tool _ Botary _ Driven _ Dog _ Including _ Driven _ Dog _ Including _ Driven _ Drive		Sketch map:			ا المقط	. Completion date 1/1/18
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trigation Air conditioning Stock Low Other 9. Coring: Material Strippin Comp below 15. Type and color of material From To 10. Source: Metalph Comp below 15. Type and color of material From To 10. Source: Manufacturer's nome 11. Source: Manufacturer's nome 12. Pomphing level not surfaces: 13. Water source of pombine manufacturer's nome 14. Wall bead completion: 15. Wall grounder? 16. Newest source of pombine manufacturer's nome 17. Pumphing level source: Manufacturer's nome 18. Elevation: 19. Remarks: 19. Remarks	NW NE Mam	grite				
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Threaded Welded Surface in high Part of the Control	7	Λ			Lawn (Oil field water Other
S. Type and color of material From To Dia. Sin. to 71 ft. depth logor No. 2019 Top Soil Top	sw se				9. Casing: Material	Height: bove below
5. Type and color of material From To Dia_in. to_in. to_i	S	1			RMP PVC	iWeightlbs./ft.
10. Screen: Manufacturer's name Sea Player Top Soil Type 17 Dio. Type 18 Dio. Type 18 Dio. Type 18 Dio. Type 19 Dio. Type 19 Dio. Type 19 Dio. Type 19 Dio. Type 10 Dio.			From	To		
Single graph 1 1 1 1 1 1 1 1 1	5. Type and color of material		1,0	,,,		
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Gravel pack? If size range of material	5 and ste	ne vellow	2	17	2/0	
36 5 11. Stotic water level: 36	Shala		12	34	ft.	andft.
Shape Shap	2 11	15	01	1.0		
ft. ofter hrs. pumping g.p.m. ft. ofter hrs. ofter hrs. pumping g.p.m. ft. ofter hrs. ofter hrs.	Dr V	me	1	70		rface Date <u>7/1/78</u>
Estimated maximum yieldg.p.m. 13. Water sample submitted:mo./day/yr. YesNo	Shele d	br Lime	45	57	i i	1
13. Water sample submitted: mo./day/yr. Yes	Shale	sey ?	57	74		
14. Well head completion: Pitless adapter Inches above grade 15. Well grouted? With Neat centent Bentonite Concrete Depth: From ft. to ft. 16. Nearest source of possible contamination: Well disinfected upon completion? Well disinfected upon completion? Ves No 17. Pump: Not installed Manufacturer's name Model number HP Volts Length of drop pipe ft. capacity g.p.m. Type: Submersible Turbine Jet Reciprocating Centrifugal Other 18. Elevation: Well disinfected upon completion? In this well was defined under my jurisdiction and this report is true to the pest of my knowledge and beging. Business name Address Signed Authorized representative Not installed No. Address Signed Authorized representative No. Address Signed Authorized representative		/			13. Water sample submitted:	mo./day/yr.
Pitless adapter Inches above grade 15. Well grouted? With: Neat centent Bentonite Concrete Depth: From ft. to 22 ft. 16. Nearest source of possible contamination: ft. DD Direction Inch Type Well disinfected upon completion? Yes No 17. Pump: Not installed Manufacturer's name Model number HP Volts Length of drop pipe ft. capacity g.p.m. Type: Submersible Turbine Jet Reciprocating Centrifugal Other 18. Elevation: 19. Remarks: Topography: 978 ft. Hill H Slope Upland Valley Total Authorized representative Note of the pipe ft. capacity g.p.m. This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Signed Authorized representative Note of the pipe ft. capacity g.p.m. This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Signed Authorized representative Note of the pipe ft. capacity g.p.m. This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Signed Authorized representative Note of the pipe ft. capacity g.p.m. This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Signed Authorized representative		with the				Date
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(Use a second sheet if needed) Jet					Туре:	
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Forward the white, blue and pink copies to the Department of Health and Environment	Valley			_	Authorized re	
	Forward the white, blue and pink copies to the Department	of Health and Environment				Form WWC-5