USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY,

Well no 2

PRINT CLEARLY.		R WELL RECORD 82a-1201-1215		Kansas Department of Health and Environment-Division of Environment
1	NEW SEL	VEK "	2 8	(Water well Contractors) Topeka, Kansas 66620
1. Location of well:	Fraction 14	F Section	number	Township number Range number R. 7. Last
2. Distance and direction from neget	rad Fellows lodg	3. who of well	l;	RED !
Street address of well location if i	lity:	City, stote, zip	code:	Menhatlan NS.66502
4. Locate with "X" in section below N	: Sketch map:			6. Bore hole dio in. Completion date / Well depth ft 5 /
- NW NE - NE - NE - NE - NE - NE - N				7. Cable toolRotaryDrivenDug Hollow rodJettedBoredReverse rotary 8. Use:DomesticPublic supplyIndustryIrrigationAir conditioningStock
S S S S S S S S S S S S S S S S S S S				Lawn Oil field water Other 9. Casing: Material Melded Surface in. RMP PVC Weight Ibs./ft.
1 Mile		From	То	Diain. toft. depth Wall Thickness: inches or
5. Type and color of material		Lton	"	10. Screen: Manufacturer's name
to	soil ,	0	14	Type Dia. 6
Loa	m Sandy	14	19	Slot/gauze Length Set between 72 ft. and 76 ft.
Sand	quick gray	\$9	50	Gravel pack? Size range of material ft.
Sand	It graved	30	70	11. Static water level:
grav	rel i	70	76	12. Pumping level below land surfaces:
				ft. after hrs. pumping g.p.m g.p.m g.p.m.
				Estimated maximum yield
				Yes No Date
	· · · · · · · · · · · · · · · · · · ·			14. Well head completion: Pitless adapter Inches above grade
			7	15. Well grouted? BentoniteConcrete
				Depth: From
				ft Direction Type No No No No
				17. Pump: Manufacturer's name Not installed
	<u> </u>			Model number HP Volts
				Length of drop pipe ft. capacityg.p.m. ₹ (1) Type:
				Submersible Turbine Reciprocating
	(Use a second sheet if needed)		<u> </u>	Centrifugal Other
18. Elevation: 19. Remarks:				20. Water well contractor's certification: This well was drilled under my jurisdiction and this report
Topography:			4	is true to the best of my knowledge and belief.
Hill Slope	•		7	Business name Blue Restation License No.
Upland Valley				Signed Herseld Street Date 5:5 7 Authorized representative
7*	ies to the Department of Health and Environmen	nt		Form WWC-5

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