WATER WELL RECORD KSA 82a-1201-1215

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

County Fractio	n	Section	numb	Township number	Range number	
1. Location of well: LEAVEN WORTH SE		2	4	T // ©	R 20	EM
2. Distance and direction from nearest town or city: 2 w	24 5 3. Own	ner of wel	1. 1	ill moore		
Street address of well location if in city: Tonganox	R.R. or			UR. Juganexie		
4. Locate with "X" in section below: Sketch map:				6. Sore hole dia. 20 in.		7
W NE -				Well depth 146 ft.		
NW NE			Ł	Hollow rod Jetted Bored Reverse rotary		
W X E L. MOS 7	>x well			8. Use: Domestic Pu	ublic supply Ind ir conditioning Sta	
SW SE /, Leterui	(Lawn Oi	il field water Ot	her
		\	-	9. Casing: Material CVC Threaded Welded	Surface 24	in.
S Build		/		RMP PVC \$160.000	1	
5. Type and color of material		From	То	Dia in. to ft. dept	th gage No 23	
, e		_	<i>C</i> :	10. Screen: Manufacturer's n	Punco	
10p Soil		9	9	Type KVC Slot/gauze 490	_ Dia _ Length	
5.1+y Se.1			14	Set between		
Greek Gravel	艺、艺	14	15	Gravel pack? Size rai		×14
Bruy Shule		15	34	11. Static water level: ft. below land sur		/day/yr.
Gray Shaley S	and Stone	34	8-1	12. Pumping level below land	surfaces: AIR	Test
Brown Line		84	87	ft. after h	rs. pumping	
		87	140	Estimated maximum yield		_g.p.m. /day/yr.
Gray Shole		* /	170	Yes No		
				14. Well head completion:	Inches above s	grade
				15. Well grouted?		
				Depth: From ft. to .		Oncrete
				16. Nearest source of possible ft. 400 Direction 5	contamination:	tons
				Well disinfected upon comple	tion? Yes _	No
				17. Pump: Manufacturer's name	Not installed	
				Model number	HP Voli ft. capacity	g.p.m.
				Type: Submersible	Turbine	- '
				Jet	Recipro	cating
(Use a second sheet if new 18. Elevation: 19. Remarks:	eded)	1	l	Centrifugal 20. Water well contractor's c	Other	
owner will ,	our siab			This well was drilled under my	v jurisdiction and this	
Topography:				is true to the best of my know	CO INC 18	32
Hill Slope				Business name Address & I H = I	Lice	nse No.
Upland X' Valley				Signed Authorized repr	Date Date	-15
orward the white, blue and pink copies to the Department of Health	and Environment				Form WW	