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

WATER WELL RECORD KSA 82a-1201-1215 DAK Kansas Department of Health and Environment-Division of Environment (Water well Contractors)

		AVW.	٣٠٠٠				opeka, Kansas 00020	
1 Location of well	County	Fraction	NW	Section	number	Township number	Range number	
1. Location of well:	Shawner	SE1/4 SEN/4 A	7.491/4	1	3	1 /35	s R 15E	E/W
2. Distance and dire	ection from nearest town or city:	S.W. Jorda	3. Own	er of well	Ra	y Bowen	1 Da	
Street address of wel	I location if in city: Wakaru	- Ke	- 1	street: ate, zip (4 code:	16 Pinecr	KS 6660.	٠ ٠
4. Locate with "X"		Sketch map:	1 //			6. Bore hole dia.		
		tie	1			Well depth 40 ft		
			1			7. X Cable tool Rot	ary Driven Dug red Bored Reve	rse rotary
NW	NE		1			8. Use: Domestic		
Mile Mile	E E		1			irrigation	Air conditioning Sto	ock
sw	1 SE	8 vell				Lawn 9. Casing: Material	Oil field water Of	
<u> </u>		Π_{-}				Threaded Welded _		I
	5	Marker				RMP_Y PVC		
5. Type and color of	Aile ————————————————————————————————————			From	То	Dia. <u>\$\in. to <u>\$\forall 0</u> ft. Dia. <u> in. to ft.</u></u>		
5. Type and color of	- Indierial			110	10	10. Screen: Manufacture	- 7	aver
Top	50.			0	3	Type Rm1 P	Dia 5 **	
1/2	amy Clay			3	19	Slot/gauze	Length	
<i>[]</i>				14	2/	l	t. and	-14.
	y · Some so) A		3/	20	Gravel pack?	mo.	/day/yr.
, Jan	Coarse			26	27	ft. below land		<u>1-78</u>
ر	and stone			27	37	12. Pumping level below ft. after		g.p.m.
	Shale			37	50	ft. after Estimated maximum yield	hrs. pumping	_ g.p.m.
	Lime			40		13. Water sample submitte	ed: mo	/day/yr.
						Yes No	Date	
						Pitless adapter	Inches above	grade
						15. Well grouted?		Concrete
							to 21 ft.	
						16. Nearest source of pos ft. 100 to Direction	sible contamination:	enter
						Well disinfected upon cor	M	NoL
	77.1					17. Pump:	Not installed	,
						Manufacturer's name Model number	HP 1/3 Vol	ts 230
						Length of drop pipe	9 ft. capacity	_g.p.m. ≤
						Type: Submersible	Turbine	, .
	<i>h</i> i.	hant if need-d				Jet	Recipro	ocating 5
18. Elevation:	19 Remarks	sheet if needed)			<u> </u>	Centrifugal		~ (
953	ouner t	e instell				This well was drilled unde	er my jurisdiction and this	report
Topography:	Cament	. / /				is true to the best of my k	nowledge and belief.	3/4 5
нап	Camunt	SIAD.				Business name	1 s	ense No.
Slope Upland						Address One	Ruffer	5-17.18
Valley						Signed Authorized	representative Date	
Forward the white, bl	ue and pink copies to the Department	of Health and Environment				V	Form WW	/C- 5