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

County	Fraction	Section	number	Township number	Range number
1. Location of well: Johnson	NE 1/4 WE1/4 NE1/4	/	4	1 . /3 s	R 21 0
2. Distance and direction from nearest town or city:	3M East Im 3.0	Owner of well	$\overline{}$	lan Marti	,
Street address of well location if in city:	arn at Fusher	, state, zip	ode:	R#2 Ende	ra, ks
4. Locate with "X" in section below: N				6. Bore hole dia. Well depth ft.	. Completion date \$ 1.557
i : •				7Cable tool Rotary	Driven Dug
NW NE				8. Use: ** Domestic Public supply Industry	
w i i E				Irrigation Air conditioning Stock	
SW SE well 1 1 Thome				Lawn Oil field water Other 9. Casing: Material Height: Above or below Threaded Welded Isurface In. RMP PVC Weight Ibs./ft.	
5. Type and color of material		From	То	Dia in. to ft. de 10. Screen: Manufacturer's	- 11 T
Christ			12	On O	<i>CII</i>
Lime			14	Slot/gauze 3/16	Dia
~ me			17	Set betweenft.	
COUNTY Shell	1	14	19	Gravel pack? Size r. 11. Static water level:	mo./day/yr.
Lime Hard			42	ft. below land su	rface Date <u>8-18-77</u>
Endown Shale dark			48	12. Pumping level below lar	
Lime			54	ft. after Estimated maximum yield	hrs. pumping g.p.m. 9-5apH g.p.m.
shale arev			62	13. Water sample submitted:	mo./day/yr.
Lime Ward			64	Yes No 14. Well head completion:	Date
Shale		62	66	Pitless adapter	1 Inches above grade
1500			75		Bentonite Concrete
hime		66	73	Depth: From ft. to	
				ft. 200 Direction	East Type Septe
	VIII. 1971 1971 1971 1971 1971 1971 1971 197			Well disinfected upon comp 17. Pump:	Ves No
				Manufacturer's name Model number	HP Volts
					ft. capacityg.p.m.
	,			Submersible	Turbine
(Use a seco	and sheet if needed)			Jet Centrifugal	Reciprocating Other
18. Elevation: 19. Remarks:		,		20. Water well contractor's	certification: my jurisdiction and this report
9/2 owner to install slab				is true to the best of my kno	
Topography: /CM Hill				Business name	License No.
Slope Upland				Address —	8-19.9
Valley	1 MA Transla			Signed - Kornortzed re	presentative Date
orward the white, blue and pink copies to the Departm	nent of Health and Environment			y	Form WWC-5