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

	County	Fraction	Section	number	Township number	Range number	
1. Location of well:	Dickinson	We 1/4 Ne 1/4 Se 1/4	1/2	7	T /4 s		OP.
2. Distance and dire	ection from necrest town or city: 5	N /W 5/1 3.00	vner of wel	1:Ve1	1 Ketten	bach	
Street address of wel	I location if in city:	2 W /2 N	or street: state, zip	12 /5 /		Ks. 679	(3/
4. Locate with "X"		Sketch map:				•	22
N. I.					7. Cable tool _ Rotary _ Driven _ Dug _ Hollow rod _ Jetted _ Bored _ Reverse rotary		
Wile —	NE 1	6			8. Use: Domestic Pour Prince Irrigation A	ublic supply	ndustry
sw	SE	`			Lawn O	il field water	Other
	5				Threaded Welded PXC	Weight~SeAS	
5. Type and color of material				То	Dia in. to ft. depth Wall Thickness: inches or Dia in. to ft. depth gage No.		
					10. Screen: Manufacturer's name		
Top Soil				12	Type Ple Dia. 5"		
Xellow Clay				9	Slot/gauze Length Set between ft. and ft.		
Lime Stone				37	Gravel pack? X Size range of material 5		
Yellow Clay				50	11. Static water level: ma./day/yr.		
Bed Shale				4	12. Pumping level below land surfaces:		
hime Ctone				74	ft. after hrs. pumping g.p.m g.p.m g.p.m.		
Matar				2/	Estimated maximum yield		
OX OX OX				00	· \ \	Date	3./ddy/yi.
nime 300ge				00	14 Well head completion: Pitless adapter	Inches abov	e grade
			<u> </u>		15. Well grouted?	\.	
					With:Neat_cementBentoniteConcrete Depth: Fromft. toft.		
					16. Negrest source of possible contamination: SCPZ.C. ft Direction Type Type		
					Well disinfected upon completion? Yes No		
					17. Pump: Manufacturer's name	Not installed	
					Model number		olts 1 g.p.m. 3
			1		Type:Submersible	Turbin	
	(Use a second s	heat if needed)			Jet · Centrifugal		rocating
18. Elevation:	19. Remarks:	ii liedusu/	<u> </u>		20. Water well contractor's o	ertification:	^ ° \
					This well was drilled under m is true to the best of my know		is report
Topography: Hill					Business name	Dra. 1.	cense No.
Slope					Address P P	5.C.	\$
Upland Valley					Signed Authorized rep	resentative /	9-22 \$
Forward the white, bit	ue and pink copies to the Department	of Health and Environment				Form W	wc-5