WATER WELL RECORD KSA 82a-1201-1215

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

Co	ounty	Fraction SE SE SW N	/W Section	number	Township number	Range number
1. Location of well:	Isage	1/4 SE174 MAY 1	/4 2	3	T 15	s R 15 ON
2. Distance and direction	from marest town or city:	ELCLE 3	. Owner of well	E	1 Price	
Street address of well loca			OI SHEEL:		Carbondale	Ks 66414
4. Locate with "X" in section below: Sketch map:					6. Bore hole dia.	n. Completion date
N	1	<i>_</i>		ļ	Well depth 22 ft. 7 Cable tool X Rotar	v Driven Dug
NW NE					• • • • • • • • • • • • • • • • • • • •	d Bored Reverse rotary
w X	<u> </u>	well He	one			Public supply Industry
w 1 X		NA LI	_ > Eq	.+		Air conditioning Stock Oil field water Other
sw	SE			۱ ۱		Height: Above or below
<u> </u>					Threaded Welded RMP PVC	iSurface
1 Mile -					Dia. 5 in. to #2ft. de	epth Wall Thickness: inches or
. Type and color of mate	erial		From	То	Dia in. to ft. de	s name Sun Flower
C	lay vellow		0	12	00	
	shele		12	1/2	Slot/gauze 3/16	Length 77
3/6/2				/6	Set betweenft.	
	Coal		16	18	Gravel pack? 10 Size	
	Shale		18	28	11. Static water level:ft. below land s	urface Date <u>Sep F 27</u>
	Lime		28	30	12. Pumping level below to	
	shale		30	68	ft. after	
	1:000		68		Estimated maximum yield — 13. Water somple submitted	
	Lime.		03	74	Yes No	Date
	Shale		92	10.5	14. Well head completion:	24 Inches above grade
5/	hale sendy		105	113	Pitless adapter 15. Well grouted?	
hime				115	With:Neat cement Depth: From ft. t	Bentonite Concrete
	detace		115	175	34 N	
	i L		//3	177	ft	Mitth Type Septic
	7 a / C		125	12/	17. Pump:	Not installed
				ļ	Manufacturer's name Model number	HP Volts
						ft. capacityg.p.m.
					Type: Submersible	Turbine
					Jet	Reciprocating
8. Elevation: 19.	(Use a second s . Remarks:	heet if needed)			Centrifugal	Other Other
o. Elevation: 19.		ipstall slab			ł .	my jurisdiction and this report
Topography:	owner ro	psiqu siep	1		is true to the best of my know	owledge and belief.
_Х нш					Business name O	License No.
Slope 					Address	form Dot11-1
Valley					Signed Authorized r	epresentative Date
rward the white, blue a	nd pink copies to the Department	of Health and Environment				Form WWC-5