## WATER WELL RECORD KSA 82a-1201-1215

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

County  1. Location of well:	Fraction	Fraction Section numb		Township number	Range number	}
& rankl	en NF1/4 SW 1/4 SE	1/4	5	VGENE F	s R 19	E-487
2. Distance and direction from nearest town $3 \%$ Fixed address of well location if in city:	2 West b	R.R. or street:	134	1	•	
reer address of well location if in city;	Ostawo 1 4NO	City, state, zip	code: C	ttaua 1	ans. 660	67
. Locate with "X" in section below: N	Sketch map;			6. Bore hole dia. 6.4 Well depth 68 ft	in, Completion date -	19-19-18
	(AP)			7. VCable tool Rot		
NW NE	nrice 1				tedBoredRev	
E TONE				8. Use:Domestic	_ Public supply   _ Air conditioning S	· · · · · · · · · · · · · · · · · · ·
				Lawn	_ Oil field water (	Other
Sw SE Captic Thous				9. Casing: Material		
s J	MA K			RMPPVC	Weight Sch	<b>4C</b> hs./ft.
I Mile → I		From	Т	Dia. 6 4 in. to 24 ft. Dia in. to ft.	depth Wall Thickness:	nches or
5. Type and color of material			То	10. Screen: Manufacture		
COIL & CLAV			22	I Tune M/DMenia		
VOLLAW COLD			117	Slot/gauze		
PELLOPV SAND			4/	Set between		ft.
G MAK S	AND STONE	47	60	Gravel pack? Siz		
ce S.A	ALD	60	68	11. Static water level:		0./day/yr 9.74
				12. Pumping level below		7
				ft. after		i
			-	Estimated maximum yield	10	g.p.m.
				13. Water sample submitt		o./day/yr.
				Yes No	Date	des
				14. Well head completion Pitless adapter	Punting above	e grade
			<u> </u>	15. Well grouted?	Bantonita	Concrete
				With:Neat cement Depth: Fromft.	to 22 ft.	Congrete
				16. Negrest source of pos ft Direction	sible contamination:	epri
				Well disinfected upon co	mpletion? Yes	No
				17. Pump:	Not installed	- Z
				Manufacturer's name Model number	HP V	olts
				Length of drop pipe —— Type:	ft. capacity	g.p.m.
				Submersible	Turbi	į.
(L	Use a second sheet if needed)			Jet Centrifugal	Recip	rocating
<del></del>	but was m	Pril	Din		or's certification:	0
This	Put	* 0	ma	is true to the best of my k		
Topography:Hill Sept	sur was m		1199.	EDGAP Business name	SWAIVIS Dr	cense No.
Slope T'00	10-20-78			Address R4 0	TI AW KAN	10601
	10-30-10			Signed Authorized	representative Dat	e/ZYD /
orward the white, blue and pink copies to th	e Department of Health and Environment				Form W	WC-5