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

WATER WELL RECORD KSA 82a-1201-1215

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

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1. Location of well:		Fraction SW _{1/4} SW		number	Township number	Range number	(E)W
. Distance and direc	ction from nearest town or city:	? WEST	Owner of well	1: L 0	REN SEL B PRAIRE		
treet address of well	location if in city: 6F Cod				MPORIA F	s 668°	0/
. Locate with "X" in	n section below:	Sketch map:			6. Bore hole dia	in Completion date _	
					7. X Cable tool Rot	ary Driven Du	
w !	NE				Hollow rod Jet 8. Use: X Domestic	Bublic analy	
w	E				Irrigation	_ Air conditioning S	itock
sw	SE				9. Casing: Mater	Oil field water C	below
X	1				Threaded Welded _ RMP PVC	Surface Weight	in. lbs./ft.
1 Mi			From	To	Dia in. to ft.	•	1
. Type and color of	*	1/	rrom		10. Screen: Manufacture		
	SHAL	E YELLOW	0	12	Type STYRENE	Dia. 5	
	ROCK	YELLOW	/2	15	Slot/gauze SAWFD Set between 60	Lengthft. and	ft.
-	SHAL	E BLVE	15	31	Gravel pack? Siz	t. and e range of material	ft.
	ROCK	GRAY	31	34	11. Static water level:		o./day/yr.
	SHALE	BLUE	34	54	12. Pumping level below	land surfaces:	
LIME GRAY				56	ft. after hrs. pumping g.p.m.		
	SHALE	REO	56	62	Estimated maximum yield 13. Water sample submitt		g.p.m.
	SHALE	BLUE	62	65	Yes No	Date	
	LIME G	PRAY	65	75	X Pitless adapter	Inches above	e grade
LIME WHITE			75	80	15. Well grouted? Bentonite Concrete Depth: From ft. to 5.		
	~////~/				Depth: Fromft. 16. Nearest source of pos		DNE
					ft Direction Well disinfected upon co	Туре	No
					17. Pump: Manufacturer's name	Not installed	
					Model number	HP	olts 2.20
		<u> </u>			Length of drop pipe ——— Type:	ft. capocity	g.p.m.
ν",					Submersible Jet		rocating
B. Elevation:	(Use a secon	nd sheet if needed)		L:	Centrifugal	Other	· · · · · · · · · · · · · · · · · · ·
J. Lievation:		ZED FL	AT		This well was drilled und	er my jurisdiction and th	is report
opography:	$\angle C'$	LEUFLI			LHKB	11 VS & Stor	56
Hill Slope					Address 13 Sov	TH PEUTKY	cense Na.
Upland Valley	-				Signed Authorized	Tepresentative Date	.Z-Z-d
	ue and pink copies to the Departm	ent of Health and Environment				Form W	wc- 5