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

WATER WELL RECORD KSA 820~1201-1215

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

. Location of well:	Fraction SW14SW1/4SU	12/1	n number	Township number Range number
Distance and direction from nearest town or city:	n city	3. Owner of we	"E31	ois Unruh
treet address of well location if in city:	sboro	R.R. or street: City, state, zip	-3// code: //	11110hora 60, 107063
. Locate with "X" in section below:	Sketch map:			6. Bore hole dia. in. Completion date
NW NE				7. Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary
W ! ! E				8. Use: Domestic Public supply Industry Virrigation Air conditioning Stock
SW SE				9. Casing: Material PC Height: Abov or below Threaded Welded Surface in.
S 1 Mile ————————————————————————————————————				RMPPVCWeight 40 lbs./ft. Dia. 3 in. to 60 ft. depth Wall Thickness: inches or
Type and color of material		From	То	Dio in. to ft. depth gage No.
ton Pail	:	(2)	9	10. Screen: Magufacturer's name
V8//200 - S 60./2	+ 0./0.4	9	45	Slot/gauze Dia. Length
14/2 - 14/2 -	ter	41	1	Set betweenft. andft.
Rlug Olive		44	55	Gravel pack? Size range of material
11/2 + 2		ر م	00	12. Pumping level below land surfaces:
Plus Pl	10	56	10	ft. after hrs. pumping g.p.m ft. after hrs. pumping g.p.m.
DIVE Shar	2	36	60	Estimated maximum yieldg.p.m.
				13. Water sample submitted: mo./day/yr. Yes No Date
				14. Well head completion: Pitless adapter Inches above grade
				15. Well grouted? With: Negt cement Begronite Concrete Depth: From ft. to
				16. Manager source of possible contamination
				ft Direction Type Yew No Well disinfected upon completion? Yes No
				17. Pump: Manufacturer's name
				Model number HP Volts Length of drop pipe ft. capacityg.p.m.
		· .		Type: Submersible Turbine
(Use a second	sheet if needed)			Jet Reciprocating Other
. Elevation: 19. Remarks:				20. Water well contractor's certification; This well was drilled under my jurisdiction and this report
pography:				Business name License No.
Slope Upland Valley				Signed Subscriptive Date Authorized representative Date
vard the white, blue and pink copies to the Department	of Health and Environment			Form WWC-5