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

ABB

		<del></del>		т		<del></del>		r	
1. Location of well:	County	Fraction		Section number		Township number		Range number	
Localion of Well:	BROWN	10W 1/4NW 1/4 N	É 1/4	1		T	S	r 18	<b>(</b> E)/w
2. Distance and dire	ction from nearest town or city: 5	W 12#E	3. Ow	ner of wel	1: R	ON Fe	e 26 -	1215	
Street address of well location if in city:  OF RESERVE  City, state, zip code:									
! · · · · · · · · · · · · · · · · · · ·									
4. Locate with "X" in section below: Sketch map:						6. Bore hole dia. 12 in. Completion date			
X west						7 Cable tool _ Rotary _ Driven _ Dug			
NW NE						Hollow rod Jetted Bored Reverse rotary			
						8. Use: Domestic Public supply Industry			
= W						Irrigation Air conditioning Stock Lawn Oil field water Other  9. Casing: Material PUC Height: Above or below			
S		Septi	_				PVC 91		
5. Type and color of		-7 11		From	То	Dia. Zin	. to <u>130</u> ft. dept . to ft. dept	h!Wall Thickness:	inches or 25/
J. Type and color of	murertui			From	'°		Manufacturer's n	ame	
	TOP	Sall		0	6	_	OUMPCO		
		,			<u> </u>		1020		
	BRow	N SILTY CLA	¥	6_	103	Set between	100	ft. and	<u> </u>
	Fine	SAND (Yellow)		103	109	Gravel pac	ft. a	nd	30 V.069
		•				11. Static v			mo./day/yr.
	9Re	Shale		109	130		ft. below land surf		
						•	g level below land		
						ft.	. after h . after h	rs.pumping rs.pumping	g.p.m.
							aximum yield —	~	g.p.m.
							ample submitted:		mo./day/yr.
							No [	Oate	
								Inches abo	ve grade
					<b>.</b>	15. Well gr	outed?		
						With:	Neat cement ft. to _		_ Concrete
				<del> </del>	-	ft. 300	t source of possible  Direction	Type ≤	CPTIC
				<u> </u>		Well disinfe	ected upon comple	tion? Yes	No
						17. Pump: Manufactur	er¹s name	Not installe	ed
				<del>                                     </del>		Model numl	per	-	Volts
				<del> </del>		Length of di Type:	op pipe ———	_ ft. capacity	g.p.m.
						Type: Subr	nersible	Turk	oine
				1		Jet		Reci	iprocating
30 51	· · · · · · · · · · · · · · · · · · ·	sheet if needed)			L		trifugal	Oth	ег
18. Elevation: 19. Remarks:  [MAN   Change to Install 5/26							well contractor's c as drilled under my		this report
[ <del>100</del> 1 ]						is true to the best of my knowledge and belief.			
Topography: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						STANDER DRLG CO TINE DE LICENSE NO.			
Slope						Address A	T1 Ho1	toro, Ks	License No.
Upland					į	Signed 2	se as	Aren Do	1-287
Valley	<u> </u>				i	L	Authorized repr	esentative	

Forward the white, blue and pink capies to the Department of Health and Environment

Form WWC-5