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

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

Cough	( kel wel	Section	number	Township number	Range number	
	14 / W/4 / W/4		8	, 26	s Ry	(E)v
Distance and direction from neglest town or city:		ner of well r street:	$C_{i}$	int Keno	LOTE D	
set address of well location if in city: 0 the Mo.		tate, zip	code:	Tribita!	5 612	17
Locote with "X" in section below: Sketch map			/	6. Bore hole dia. Well depth # ft.	in. Completion date	178
r:   /vel	I'm baser	ent		7 Cable tool Kota		ug
NW   NE			)	Hollow rod Jette		everse rotary
w	4			8. Use: Pomestic	Public supply Air conditioning	Industry Stock
SW SE				Lawn	Oil field water	Other
	60.10			9. Casing: Material Threaded Welder	Surface	in.
S	Must )			RMP PVC	Weight epth Wall Thickness:	bs./ft.
ype and color of material	,	From	То	Dia in. to ft. d		200
1,25		M	3	10. Screen: Manufacturer	flower	
1011 500	//-	5	4	Type 200	Dia	77.
ned day	, <u> </u>	3		Set between	_ft. and	ft.
fine San	rk	//_	22	Gravel pack	andrange of material	
red cla	y D	22	23	11. Static yeer level:	urface Date 4	no./ddy/yr
mel & cours	le gravel	23	41	12 Forming level below to	nd surfaces:	7
<u> </u>				, ,	hrs. pumping	g.p.m.
				Estimated maximum yield	100	g.p.m.
				Yes No	Date	10.7 ddy/ yl .
				14. Well head completion: Pitless adapter	12 leches above	ve grade
				15. Well grouted?	<i>x</i>	
				With: Near cement Depth: From ft. t		_ Concrete
				16. Nearest source of classift Direction	ple contamination:	
				Well disinfected upon comp	letion? Yes	No
				17. Pump: Manufacturer's name	Not installe	d 
				Model number	HP V ft. capacity	olts
				Туре:		g.p.m.
			-	Submersible Jet		procating
(Use a second sheet if need	led)			Centrifugal  20. Water well contractor's	Othe	r ő
				This well was drilled under	my jurisdiction and th	nis report
graphy:				the best of my kn	ledge of a belief.	3/8
Hill Slope				osi ness name Adal ess	wich	icense No.
Upland Valley				Signer Authorized	199. 4/2.5 bresents y	17P
rd the white, blue and pink copies to the Department of Health a				1	Form W	