WATER WELL RECORD KSA 82a-1201-1215

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

| <i>(</i>) | | Topeka, Kansas 66620 |
|---|---------------------------------------|--|
| Location of well: County Fraction | Section number Township num | nber Range number |
| Distance and direction from parest town or city: | 3. Owner of well: | S R TEN |
| set address of well location if in city: | R.R. or street: 1420 M | o mi Carmel |
| Locate with "X" in section below: Sketck map: | City, state, zip code: 6. Bore hole d | in. Completion ats |
| r r | Well depth 7 Cable t | |
| NW NE | Hollow | rodJettedBoredReverse rotary |
| w - i - i - i - E | | omestic Public supply Industry rigation Air conditioning Stock |
| sw see- | 9. Casing: M | Oil field water Other |
| | | Wided Surface in. By Surface Ibs./ft. |
| 1 Mile ———————————————————————————————————— | 7 7 7 7 | ft. depth Wall Thickness: inches or |
| ype and color of moterial | 110 | dar ufacturer's notification |
| Jop Soul | U 3 Typ 28 | Ol Dia Sin |
| ned clay | 3 3 (lot)gauze | Length ft. and |
| fine to med same | Gravel pack | fir. and fire range of material |
| Isld clay | 11. Static with | er level: below land surface Date #10./da//yr. |
| Course apparel | 12. Pumping le | evel below and surfaces: ter |
| gray Allay | ft. af | fter hrs. pumping g.p.m. |
| | 13. Water samp | ole submitted: mo./day/yr. |
| \mathcal{O}_{-} | Yes14. Well head | · / 3 |
| | Pitless ad | |
| | With: Ne Depth: From | <i>"</i> |
| | | urce of possible contamination: |
| | Well disinfecte | ed upon completion? Yo No |
| | 17. Pump: Manufacturer's | |
| | | pipe ft. capacityg.p.m. |
| | Type: Submers | |
| (Use a second sheet if needed) | Jet Centrifu | Reciprocating ugal Other |
| (Use a second sheet if needed) Elevation: 19. Remarks: Ography: Hill Slope Upland | 1 | l contractor's certification: Irilled under my jurisdiction and this report |
| ography: | is true truthe b | est-of my kyroyledge not belief |
| Hill Slope | Business prome | wich Cicense No. |
| Upland Valley | ligned | Authorized representative |
| ord the white, blue and pink copies to the Department of Health and Environment | | Form WWC-5 |