WATER WELL RECORD KSA 82a-1201-1215

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

County	Fraction	Section	n number	Township number	Range number
1. Location of well: SEOGWICK.	DW 1/4 Nah/4 Nah/4	4 /	19	т 26	S R 26 /E E/W
2. Distance and direction from nearest town or city: 3. Owner of well:					
Street address of well location if in city: 53 NO 8 Meridia (City, state,				00 6HITA 1	
4. Locate with "X" in section below: Sketch map:				6. Bore hole dia. — i	n. Completion date 6-2-20
N FOLIS OF			(4.0	Well depthft.	
	8 R		2 3	7 Cable tool Rotary	y Driven Dug d Bored Reverse rotary
	∞	_,	TAT/O	8. Use: Domestic	Public supply Industry
E E	Well#/ LE		2	Irrigation Air conditioning Stock Lawn Oil field water Other	
SW SE	•			9. Casing: Material	Height: Above or below
¹				Threaded Welded Surface I in. RMP PVC Weight 2750 lbs./ft. Dia. Sin. to ft. depth Wall Thickness: inches or	
ı ← 1 Mile ı					
5. Type and color of material		From	То	Dia in. to ft. de	
TOP SOIL			5	A. Screen: Manufacturer's	
•				Type	Dia
SAND			10	Set between	_ft. andft.
Gravel		11	16	Gravel pack? No Size r	ange of material
				11. Static water level:	mo./day/yr.
				12. Pumping level below lar	
***************************************					hrs. pumping g.p.m.
				Estimated maximum yield —	hrs. pumping g.p.m.
				13. Water sample submitted:	
				Yes No 14. Well head completion:	Date
				Pitless adapter	17_Inches above grade
				15. Well grauted?	Bentonite Concrete
			+-+	Depth: From ft. ta	
			<u> </u>	16. Nearest source of possib	le contamination: gro tank
				Well disinfected upon compl	
				17. Pump: Manufacturer's name	Nat installed
				Model number	HP Volts
				Length of drop pipe Type:	ft. capacityg.p.m.
				Submersible Jet	Turbine
(Use a second sheet if needed)				Jer Centrifugal	Other
18. Elevation: 19. Remarks:				20. Water well contractor's	certification: ny jurisdiction and this report
				is true to the best of py know	whedge and belief.
Topography: Hill TEST WELL				Bosness name 2 11 2/6/ License No.	
Slope				Address Address	1.15
Upland Valley				Signed Authorized re	presentative Date
Forward the white, blue and pink copies to the Departmen	t of Health and Environment			<u> </u>	Form WWC-5