WATER WELL RECORD KSA 82a-1201-1215

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

					Topeka, Kalisas 00020	_
1. Location of well:	Fraction NE NW NE SW	Section	number	Township number	Range number	
Sedgwick	1/4 MANUE /4 Steel /4	گ ا	2	1 26	S R EM	1
2. Distance and direction from nearest town or city:				rickey	Rues	7
Street address of well location if in city:	o West	doch St.				
4. Locate with "X" in section below: Sketch map:				6. Bore hole dia.	in. Completion date	
N	skeren map.			Well depth 40 ft		
l i [7 Cable tool 1 Rot		1
NW NE				Hollow rod Jet		y
				8. Use: Domestic	Public supply Industry	1
				Irrigation Air conditioning Stock		
SW SE				9. Casing: Materia Winsight Above of below		
				Threaded Welded Surface 2 in.		
S				RMP PVC Weight lbs./ft.		
I < 1 Mile →					depth Wall Thickness: inches or	٦.
5. Type and color of material		From	То	Dia in. to ft.		4
				10. Screen Manufacture	Couls Sta	the
Sandy Foom		0	2	Type Stever	rebia. 511	
000		1	/	Slov gauze	Length	-
Clay 1			16	Set between	ft. andft	1.,
tine Sand		6	16	Gravel pack?		<u> </u>
mille		11	111	11. Ştatic water level:	mo./day/yr	.]
I want sa	na	16	40	ft. below land	surface Date <u>3-19-74</u>	김
		:		12. Pumping level below		
				ft. after ft. after		1
	7.4	 	 	Estimated maximum yield		1
				13. Water sample submitte		7
				Yes No	Date	١,,
		-		14. Well head completion Pitless adapter	: 12 Inches above grade	
				15. Well grouted	es /	┨.
				With: Negt cement	Benton/te Concrete	1-6
					to	Γ_{N}
	•				sible contamination: NOV	₹ '``,
				ft Direction . Well disinfected upon con		
		+		17. Pump:	Not installed	1_1
				Manufacturer's name		N
				Model number	HP Volts	-6
	· · · · · · · · · · · · · · · · · · ·	1		Length of drop pipe Type:	ft. capacityg.p.m.	₹७
				Submersible	Turbine	
	1			Jet	Reciprocating	\ W
(Use a second s	neer it needed)	<u> </u>	Ц.	Centrifugal	Other	1, 1 <i>y</i>
18. Elevation: 19. Remarks:	xnound			20. Water well contractor This well was drilled unde	r's certification: ir my jurisdiction and this report	"
	1 1 1 0	., 1	. /	is true to the best of my ki	/	ا ما
Topography: Well to be	sed for Ga	KH	N	Harp YVL	WHERE	1/ P
Topography:				Busi ness mane	ta Kans	2121
Upland DA A A A A A A A A A A A A A A A A A A				Sign Dr. Or	nall	1.16
	n suure	Ju	W	Authorized	representative 3-25-7	R> M
Forward the white, blue and pink copies to the Department of Health and Environment Form WWC-5						