USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY,						
PRINT CLEARLY.	WATER WELL RECORD KSA 82a-1201-1215			Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620		
County /	Fraction	Section	number	Township number	Range number	
1. Location of well:	SEI/ASE 1/ANWI/A	5	30	27	SR /	EAN
2. Distance and direction from nearest town or city:	721 S. Henri ~	ner of wel		argy C	adigo	n,
Street address of well location if in city:		r street: state, zip	72, code:	Winhit	h Elen	in
4. Locate with "X" in section below: N	Sketch map:			6. Bore hole dia. Well depth	- in. Completion date	- 74
				7 Cable tool _ Ro		
■ <b>*</b>				Hollow rod Je 8. Use: Domestic		
				Lawn	Air conditioningStor Oil field waterOth	
				9. Casing: Material	Surface	olgw
S 1				RMP BVC	depth Wall Thickness: inc	_lbs./ft.
5. Type and color of material		From	To	Dia in. to ft.		200
Spassil	· · · · · · · · · · · · · · · · · · ·	0	7	10. Scrien: Manufacur	<u>putrol</u>	aste
medium) Sand	,	7	32	Slopgauze	Length	
Blue Shale		32	40		ft and	
				11. Static water level:		
				12. Pumping level below	land surfaces:	
					hrs. pumping	g.p.m. g.p.m.
				Estimated maximum yield 13. Water sample submitt	red: mo./	-g.p.m. /day/yr.
				Yes No 14. Well head completion	Date	ord
				Pitless adapter 15. Well grouted?	Inches above g	rade
				With:Neat cement Depth: Fromft.	$\frac{1}{10}$ Bentonite $\frac{1}{10}$ Co	oncrete
				16. Nearest source of part ft. 150 Direction		ty N
	· · · · · · · · · · · · · · · · · · ·			Well disinfected upon co		No
				17. Pump: Manufacturer's name	Not installed	<i>*</i>  ^
				Model number Length of drop pipe	HP Volts ft . capacity	
				Type: Submersible	Turbine	
(Use a second	sheet if needed)			Jet Centrifugal	Reciproc	ating N
18. Elevation: 19. Remarks: Flat	Ground			20. Water well contracto This well was drilled und	r's certification: er my jurisdiction and this r	report
Topography:				is true to the best of my		36 510
Hill			•	Business pame	ta Kans	AND AND
Slope Upland				Signer M. Ar	nola Date -	
Valley	·			Authorized	representative 3-30	<u>/-/6</u> ] > [ <u>N</u>

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