RINT CLEARLY.		200				
	WATER WELL RECORD KSA 82a-1201-1215			Kansas Department of Health and Environment-Division of Environment		
	NW SENWNE 31			(Water well Contractors) Topeka, Kansas 66620		
. Location of well:	Froction	Section	number	Township number	Range number	
2. Distance and direction from negrest town or city:	× 500-/4 812/4 80/4	wner of wel			s R C/W	4
Street address of well location if in city: $/2$		or street:	"17	15 S Fer	- n	
4. Locate with "X" in section below:	Sketch map:	state, zip	code: 4	6. Bore hole dia. Bi	n. Completion dep/	NG NG
				Well depth 30 ft.		1
NW NE C	regag			7 Cable toolRotar Hollow rod Jette		y
	X .N			8. Use: Domestic]
	Marki			Lawn	Air conditioning Stock Oil field water Other	1
				9. Casing: Strangeller Threaded Welded		
S 1 Mile				RMP PVC	العسدات الخبا	
5. Type and color of material		From	To	Dio in. to ft. de	pth gage No.	4 ~
Rum San		5	10	10. Screen: Manufacturer's	Timplover	-
1. 1 +.	1		20	Type DO Slot/gauze	Dia 30	<u>: </u>
Wille Jan		10	30	Set betweenft.	ft. and <u>3 O</u> ft. andft.	
				Gravel pack?	ange of material	-
				Static water level: ft. below land s	urface Date 4/14/19	4
				12. Pumping level below la ft. after		
				ft. after Estimated maximum yield	hrs. pumping g.p.m.	
				13. Water sample submitted	mo./day/yr.	
		_		Yes No 14. Well head completion:	Date	4
				Pitless adapter 15. Well grouted?	Inches above ande	+
				With:Neat_cement Depth: Fromft. to	Bentonite Concrete	_ X'
				16. Negrest source of possib	e contamination:	1 N
				ft. Direction _ Well disinfected upon comp	letion?	
				17. Pump: Manufacturer's name	Not instolled	
				Model number	HP Volts ft. capacityg.p.m.	
				Туре:		
				Submersible Jet	Turbine Reciprocating	L M
(Use a secon 8. Elevation: 19. Remarks:	d sheet if needed)			Centrifugal 20. Water well contractor's	Other certification:	0 °
					my jurisdiction and this report	0
Topography: Hill			4	Jet Wrill	ing 313A	, ZŇ
				Business name	License No.	
Slope				Address	Salun /	· ≥ K -

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

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Form WWC-5