USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.	WATER WELL RECO KSA 82a-1201-121			Kansas Department of Health and Environment⊷Division of Environment (Water well Contractors) Topeka, Kansas 66620		
1. Location of well:	Fraction INE SE/4 NE 1/4 NE 1/4		s number 31	Township number	Range number S R	P.
2. Distonce and direction from nearest town or city: Street address of well location if in city: <i>Wichita frans</i> (ity, state, zip code: <i>Wichita frans</i>						
4. Locate with "X" in section below:	Sketch map:			6. Bore hole dia. Well depth	in. Completion date	6
				7 Cable tool X F Hollow rod 8. Use: Domestic Irrigation	ettedBoredReverse	,
$\begin{bmatrix} 1 & 1 & 1 \\ -SW & -SW & -SE & -SE \\ 1 & 1 & 1 \\ S \end{bmatrix}$				9. Casing: Material Threaded Welded RMP PVC	Ausurface 12	low
5. Type and color of material		From	То	Dia 5 in. to 36 f	t. depth Wall Thickness; inch	
Dopsoil		0	7	10. Scren: Manufactu	rer's name	sac
Brown clay	······································	1	14	Set between _20	6 Length 5 ft. and 55	ft .
tine Sand		14	18	Grovel pack		<u>18</u> 1
Clarse Sand		18	33		nd surface Date <u>2-18-</u>	day/yr. - <u>76</u>
shay clay		33	35	12. Pumping level below	hrs. pumping g	9.p.m.
				Estimated maximum yiel	d	g.p.m. g.p.m. day/yr.
	анал _а н, , , , , , , , , , , , , , , , , , ,			YesN	Date	
				Pitless adapter 15. Well grouted?	inches above gro	ade
		ļ		With: Neat cemen Depth: From		
······				16. Nearest source of p ft. <u>100</u> Direction	EAST Type See	Ter N
	·····			Well disinfected upon c	ompletion? <u>Yes</u> <u>X</u> Not installed	
				Manufacturer's name Model number	HP Volts . ft . capacityg	I _ I \
				Type: Submersible	Turbine	
(Use a second sh	eet ifyneeded)			Jet Centrifugal	Reciproca Other	ting y U
18. Elevation: 19. Remarks: Flats	Ground			20. Water well contract This well was drilled un	tor's certification: der my jurisdiction and this re	port
Topography:				is true to the best of my	1+ Pump 2.	36 36
Slope Upland				Business frame	hita Kans	as 1
Valley				Signed Authorize	d representative 2-20	<u>-76</u> \$ M

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

Form WWC-5