USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD KSA 82g-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: sweek 1/4 IVE 1/4 NE 1/4 6 DN S 2. Distance and direction from norrest town or city: 3. Owner of well: 0 R.R, or street: 1216 Street address of well location if in c fy, state, zip code:⁵ nsa enn 4. Locate with "X" in section below: 6. Bore hole dia. Sketch map: Ν Well depth // ft. 7. __ Cable tool __Rotary Driven _ _ Dug I X NE---Hollow rod ____ Jetted Bored **Reverse** rotary NW --8. Use: 🖌 Domestic __ Public supply ___ Industry Mile w Ε ___ Irrigation ___ Air conditioning __ _ Stock Oil field water Other Lawn ŚŴ SE 9. Casing: Material Height Above or below 1 Welded 12_in Threaded. Surface 0 Weight s RMP. PVC_ _lbs./ft. - 1 Mile in. to 10 ft. depth Wall Thickness: inches or Dia. 5. Type and color of material Dia. ____ in. to . _ ft. depth gage No. _ From То 10. Softeen: Manufacturer's name pul un real Type Att Dia. in Clay Slof gauze _ Length Set between ft. and ft. and 7 Gravel pack? ze range of material 11. Static water level: 30_ft. below land surface Date 12. Pumping level below land surfaces: ____ft.after ____ ____ hrs. pumping g.p.m ft. after hrs. pumping g.p.m. Estimated maximum yield _ _g.p.m 13. Water sample submitted: mo./day/yr Yes No Date Cappel 14. Well head completion: Inches above grade Pitless adapter 15. Well grouted With:____ Neat antite Concrete Depth: From <u>40</u> ft i to 16. Nearest source of possible contaminátion ft. 100 Direction -Well disinfected upon completion? Yes N -17. Pump: Not installed Manufacturer's name Model number __ . НР _ ____ Volts . Length of drop pipe . _ ft. capacity _____g.p.m. Туре: _____ Submersible Turbine ____ Jet _ Reciprocating (Use a second sheet if peeded Other Centrifugal ent 18. Elevation: 19. Remarks: 20. Water well contractor's certification: This well was drilled under my jurisdictjon and this report is true to the best of my/knowledge g Topography: LA. Hill Business no Slope Address Upland Signed 🚽 Valley uthorized representative

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