USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY,			
PRINT CLEARLY. WATER W			Kansas Department of Health and
	-1201-121	5	Environment-Division of Environment (Water well Contractors)
SE SW SW	SE		Topeka, Kansas 66620
1. Location of well:		Section number	er Township number Range number
Sedewick / 145 55 1/45	E 1/4	<u> </u>	T J S R E E/W
2. Distance and direction from nearest town or city:		ver of well:	D. Bryant H mekse
Street address of well location if in city: 1811 MCKop	R.R. or	tote, zip cade:	H mekee
Locate with "X" in section below: Sketch map:		iole, zip cade:	6. Bore hole dia. 5 in. Completion date 4-19-76
N N			Well depth -25_ft
			7Cable toolRotary KDrivenDug
			Hollow rod Jetted X Bored Reverse rotary
			8. Use: Domestic Public supply Industry Irrigation Air conditioning Stock
			LawnOil field water Other
			9. Casing: Material State Height: Above or below Threaded X Welded Surface 12 in.
s			RMP PVCWeight _ 2.28_lbs./ft.
tister i Mile			Dia. 5 in. to 20 ft. depth Wall Thickness: inches or Dia. 445 in. to 25 ft. depth gage No.
5. Type and color of material		From To	10. Screen: Manufacturer's name
Tgo soil of Sand		010	0' Type_5too Dig. 1:25"
11 d l i Cil		10' 20	1 Slot/gauze # 10 Length
		1	2 Set betweenft. andft.
le we point)and		20'25	Gravel pack? Size range of material
1			11. Static water level: mo./day/yr.
			12. Pumping level below land surfaces:
			ft. after hrs. pumping g.p.m.
,			ft. after hrs. pumping g.p.m. Estimated maximum yieldg.p.m.
			13. Water sample submitted: mo./day/yr.
			Yes X No Date 4-19-7B
			Pitless adapter Inches above grade
			15. Well grouted?
			With:Neat cement _XBentonite _X_+Generate Depth: From _Qft. toQft.
			16. Nearest source of possible contamination:
			ft. <u>6'0</u> Direction <u>USA 55</u> Type KIURC Well disinfected upon completion? Yes KNo
			17. Pump: X Not installed
			Manufacturer's name Volts
			Length of drop pipe ft. capacityg.p.m. \$
			Type:
AL			JetReciprocating
(Use a second sheet if needed) 18. Elevation: 19. Remarks:			Centrifugal Other
			This well was drilled under my jurisdiction and this report
Topography:			is true to the best of my knowledge and belief.
HIII			Business name CD (1) 2/57 license No.
Stope Upland			Address SIL M. LIST
Valley			Signed Authorized representative
orward the white, blue and pink copies to the Department of Health and Environment			Form WWC-5

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