USE TYPEWRITER OR BALL, POINT PEN-PRESS FIRMLY, PRINT CLEARLY. WATER WELL RECORD Kansas Department of Health and Environment-Division of Environment KSA 82a-1201-1215 (Water well Contractors) Topeko, Kansas 66620 1 E 275 Sec. 15 NW NE SW SE Froction Section number County Township number Range number EAST 1. Location of well: 15 AD . 46 ς 2. Distance and direction from near 3. Owner of well: R.R. or street: L Street address of well location if in city: $652N_{2}$ City, stote, zip code: 4. Locate with "X" in section below: Sketch map: hole dia Q ft Ν ell depth 🕹 3 Cable tool _____Rotary ___ Driven ___ Dug ŧ NEX Hollow rod ____ Jetted ____ Bored ____ Reverse rotary NW t 8. Use: Domestic ____ Public supply ____ Industry Mile £ W W ____ Irrigation ____ Air conditioning ____ Stock Oil field water Other Lawn SW SE Above or below 9. Casing: Materia Surface 72 ____ Welded ___ Threaded _____ PVC_ 100 lbs./ft Weight _ RMP S Dia. 4 in. to 40 ft. depth Wall Thickness: inches or - 1 Mile Dia. ____ in. to _____ ft. depth gage No. _/ 0 0 Τo 5. Type and color of material From 10. Screen: Manufacturer's 0 4 0 BLACK DIRT 0 Dia. Туре Slot/gauze. Length 20 CLAY BROW N Set between ft. and ft. and 30 20 YELLOW SANT Gravel pack? 11. Static water level: 30 40 WHITE SAN **AS** 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 10 Estimated maximum yield -_g.p.m 13. Water sample subgritted: mo./day/yr Yes No Date 14. Well head completion: 2_ Inches above grade Pitless adapter Well grouted? With: lentonite Concrete z ft. Nearest source of possible contamination .)e ft. Direction Type. Well disinfected upon completion? Yes X Not installed 17. Pump: Manufacturer's name Model number ___ HP ___ Volts Length of drop pipe _g.p.m. . ft. capacity Type: _____ Submersible Turbine __ Jet Reciprocating (Use a second sheet if needed) Centrifugal Other 19. Remarks: 18. Elevation: 20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Topography: 50 et ing _ Hill sess name License No N Slope Address hall 0 n 2 _Upland Signed Valley Authorized representative

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