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

WATER WELL RECORD KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

	NW SWNW					Topeka, Kansas 66620
County  1. Location of well:	Fraction		Section number		Township number	Range number
Brown	560 1/4560 1/456				1 2	S R 17 DW
2. Distance and direction from nearest town or city:	1	3. Owne	er of wel	! <b>少</b> (	n woolney	
Street address of well location if in city: $\mathcal{H}$ $\dot{i}$ $A\omega$ $A$	ThA, KS	R.R. or s		, ,	RT/	
4. Locate with "X" in section below: Sketch map:			are, zip code: #		6. Bore hole dia.	- in. Completion date
N	•					t. 4-12-79
House  Well  E well			Seftic			tary Driven Dug
						ttedBored Reverse rotary
						_ Public supply Industry
SW SE				_		_ Air conditioning Stock _ Oil field water Other
					9. Casing: Material 🔑	Height: Above or below
ı→ 1 Mile — →ı						depth Wall Thickness: inches or
5. Type and color of material			From	То	Dia in. to ft.	depth gage No. 1258
					10. Screen: Manufacture	
Clay, brown			_0_	3	Type DVC	Dia <b>5</b>
Clay brown			3	10	Slot gauze 0 2 6	
						ft. andft.
Fine sand			182	22		e range of material 10 30 K,060
Glay, brown			22	59	11. Static water level:	mo./day/yr. d surface Date <u>4-12-79</u>
	nse watenbean	ומנונו	59	69	12. Pumping level below	
Chertaravel 4x8- course waterbearing						hrs. pumping g.p.m. hrs. pumping g.p.m.
Shale, grey			69	100	Estimated maximum yield	
					13. Water sample submitt	
					Yes No	
					Pitless adapter	Inches above grade
	<del></del>				15. Well grouted?	
					With: Neat cement Depth: From 5 ft	Bentonite Concrete
•					16. Nearest source of po	
				<del> </del>	ft. 200 Direction	E Type SYPTIC
				<u> </u>	Well disinfected upon co	mpletion? No
					Manufacturer's name	TNOT INSTALLED
					Model number	HP Volts
					Length of drop pipe Type:	ft. capacityg.p.m.
					Submersible	Turbine
	sheet if needed)				Jet Centrifugal	Reciprocating Other
18. Elevation: 19. Remarks:					20. Water well contract	or's certification:
1/30 Topography: OWNER TO INSTAIL STAB					1	er my jurisdiction and this report
					is true to the best of my	knowledge and belief.
<u></u> → Hill					Business name	License No.
Slope Upland					Address A	Balan H-100
Valley					Signed Authorized	d representative Date
orward the white, blue and pink copies to the Departmen	t of Health and Environment					Form WWC-5

BR = 1061

= 1080

Form WWC-5