WATER WELL RECORD KSA 82a-1201-1215

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

r	<u> </u>	T		1-V	
1. Location of well:	5E1/4 SE1/4 SE 1/4	Section	number	Tolknship number Range number	1
2 Distance and direction from pagest town or city.		vner of wel	. <i>9</i>	The state of the s	JUN J
County Change Ray R.R. or street:					
Street address of well location if in city:		state, zip	code:	Wichita Kan	sas
4. Locate with "X" in section below:	Sketch map:	1+	ha)	6. Bore hole dia. in. Completion date	76
I Page	prest seal of			7 Cable tool Driven Dug	
	= of Perk Has	1411	/.		erse rotary
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		+	· ·	8. Use: Domestic Public supply In	dustry
W I AND IN	se. of Chur	Lys	ine)		tock Other
SW SE CU WISE WERE TO THE			K.	9. Casing: Materia Will Height: Above or	below
				Threaded Welded Burface	<u>/2</u> in.
S 1 Mile				RMP PVC Weight Dia 5 in. to #0 ft. depth Wall Thickness: in	lbs./ft.
5. Type and color of material		From	То		200
		-		10. Seen: Manufacturer's name	n stra
Topsoil)		0	5	Type styrene Dia. 5"	
Brown Clay		5	20	Step gauze 40 Length 13 Set between 25 ft. and 40	<u>-</u>
1 in			NE		4-11
I was sana		20	25	Gravel pack? 451ze range of material	4-10
Medium Sana		25	40	11. Static water level: mo	./day/yr. 2/-76
				12. Pumping level below land surfaces:	
				l	_ g.p.m.
		+		Estimated maximum yield	g.p.m.
				1 · J	./day/yr.
				Yes No Date	seed
				Pitiess adapter Inches above	grade
		-	 	15. Well grouted: With: Near general Bentenite	Concrete W
			-	With: Neat gement Bentenite Depth: From \$\forall to ft.	1710
				16. Nearest source of possible contamination:	Tone
	,			ft Direction Type Well disinfected upon completion? Yes	No
		+		17. Pump: Not installed	
		-		Manufacturer's name HP Vo	
					g.p.m. ≤(m)
				Type: Submersible Turbin	. 3
		+		Jet Recipro	ocating
(Use a second st	neet if needed)			Centrifugal Other	
18. Elevation: 19. Remarks: Hat	Skound			20. Water well contractor's certification: This well was drilled under my jurisdiction and this	s report
spen Ise	el.		, ,	is true to the best of my incoviledge and belief.	12/31 6
Topography: Hill Will was	Arilled a	nd	_ `	Business name / / Lich	cense No.
_Slope	n future			Address William Funs	sas 5 9
UplandValley	enent.			Signed Authorized representative Date	4-16 E M
Forward the white, blue and pink copies to the Department	of Health and Environment			Form W	VC-5
The second of th	and Ellis Offineri				W