## WATER WELL RECORD KSA 82a-1201-1215

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

County	Section number		Township number	Range number	
1. Location of well: MONTGO Mery SW/4 SW/4 JW/4	21			s R 17	E/Ø
2. Distance and direction from nearest town or city: 2 n: 8957  Street address of well location if in city: 3/4 m: North  R.R. o	ner of wel	凡非	ffrey L. 1 B 6 x 14 LiberTy.	Marchan O A KS·b73:	5T   51
Locate with "X" in section below:  N  Sketch map:	Se L	ptic Thuk	Bore hole dia. 9, 5 Well depth ft.  7. X Cable tool Rota	in. Completion date	-78
== W NW NE	THE	0452	B. Use: Domestic Public supply Industry  Irrigation Air conditioning Stock Lawn Oil field water Other		
g-swst		ueil-	9. Casing: Material Threaded Welded RMP PVC	Height: Above or b Surface Weight	pelow in. ibs./ft.
5. Type and color of material	From	То	Dia in. to ft. d	epth Wall Thickness: ine	ches or
	+		10. Screen: Manufacturer'	s name	
Jopane	10		TypeSlot/gauze	Dia	
Sandy/Clay	//	19	Set between	ft. and	ft.
diff Colored Shale	19	60	ft Gravel pack? Size	range of material	
Oarle alared Shale	60	80	11. Static water level:		./day/yr. 25/78
			12. Pumping level below to	and surfaces: NA	
			ft. after ft. after		
			Estimated maximum yield =		g.p.m.
			13. Water sample submitted Yes No	Date mo.	./day/yr.
			14. Well head completion:		
			Pitless adapter 15. Well grouted?	Inches above	grade
			With: Neat cement _ Depth: From Utal 6.	Bentonite	Concrete
			16. Nearest source of possi		
Water sangle will be sent to us	u		Well disinfected upon com		<b>X</b> No
he across of the 11100.			17. Pump:  Manufacturer's name	Not installed	~ '
1. I see I see the see		46	Model number	HP Val	
Well had veen stated ar capp	ed.		Length of drop pipe Type:	ft. capacity	_g.p.m.
Owner will disenfect soon well.	-		Submersible Jet	Turbine	e ocating
(Use a second sheet if needed)		<u> </u>	Centrifugal	Other	- Sec.
18. Elevation: 19. Remarks: Constitute slab to be	e		20. Water well contractor This well was drilled under		s report
installed by evener at	1. 4		is true to the best of my kn		a/
Topography: Hill surface of Ground.	u pr	well	Business name	אוי אריוויאק	260 No.
X Slope this is a Regulation.			Address RI BOX/2	Theyer	9/201
_ Valley J Marahant			Signed Authorized	representative Date	1
Forward the white, blue and pink copies to the Department of Health and Environment				Form WW	VC <b>-5</b>