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

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

	County	Fraction ACC		Section number		Township number	Range number	
1. Location of well:	Cowley	1/4 MW 1/4 NW	1/4	4		T 33 s	R 48	E/W
2. Distance and streeting from nestest town or city: 2 miles 5 W of 2.  Win field, 1 anses  Street address of well location if in city:  City, state, zip code:						alph Fry	n ansas 67	7454
4. Locate with "X" in section below:  Sketch map:				tee	4	6. Bore hole dia. in Well depth 2 ft.  7. Cable tool Rotary Hollow rod Jetted  8. Use: X Domestic Pa Irrigation Ai	Driven Dug Bored Rever  blic supply Ind r conditioning Sto	se rotary ustry
SW 1	lile ————	raid	rod.	Æ	<b>-</b>	9. Casing: Material	iSurface _iWeight th!Wall Thickness: inc	elow in. lbs./ft.
5. Type and color of	material		Fr	rom	То	10. Screen: Manufacturer's r	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	ver
Clay Lime			2		20 22	Type RMP Slot/gauze 1/6" Set between 54	_ Dia	ft.
Shalo	<u></u>		2	2	40	Gravel pack? Jes Size ra		-//-"
Red L	Bed	LANCE OF THE STATE	4	10	60	11. Static water level:  35 ft. below land sur		/day/yr.
Shal	e.		6	0	72	12. Pumping level below land	surfaces: NA	
Lime	2.		2	12	73	ft. after h		g.p.m.
Sha	lo		7	13	74	Estimated maximum yield 13. Water sample submitted:	// <del>/ 1</del>	-g.p.m. /day/yr.
3114						Yes X No	Date	
		A Market Wall	_			14. Well head completion: Pitless adapter	Inches above g	grade
				-		15. Well grouted? 15.		r,
				_		With: Neat cement ft. ta .	7.3 ft.	concrete
		20-70 P				16. Negrest source of possible ft. 25 Direction	contamination:	gingge
						Well disinfected upon comple	tion? Yes _	No
						17. Pump:  Manufacturer's name	Not installed	~ ~
						Model number	HP Volt ft. capacity	s   g.p.m.   ≤(r
						Туре:	, ,	`   `
	A1					Submersible Jet	Turbine	
18. Elevation:	19. Remarks:	sheet if needed)	ma	lo i	tel	Centrifugal  20. Water well contractor's of		
Topography: Hill Slope Upland Valley		comented & C	enge		eo .	This well was drilled under m is true to the best of my know  Castman  Business name  Address  Signed  Authorized rep	Lung 25 Lung 25 Lung 25 Lung 25 Lung 26 Lung 2	28 14 NEW NEW NO.
Forward the white, bla	ue and pink copies ta the Departmen	t of Health and Environment					Form WW	C-5