WATER WELL RECORD KSA 82a-1201-1215

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

	County	Fraction		Section number		Township number	Range number	
1. Location of well:	COWLFY	SW1/4 SW1/4 SW	1/4		24	T 34 s	R 3 E/	4
2. Distance and direction from nearest town or city: 3. Ow				street: /	125	N. 13.DLST		26
4. Lacate with "X" in section below: Sunnif askerch map 1h. 27 Lh				raie, zip c	ode: A	6. Bore hole dia. St. in. Well depth 44 ft.	Completion date	_
NW	 NE					7 Cable tool _ X Rotary		ary
						8. Use: Domestic Public supply Industry Irrigation Air conditioning Stock Lawn Oil field water Other		
						9. Casing: Material PYC Threaded Welded RMP PVC	Surface /2"	in.
1 Mile					-	Dia. 4 in. to 40 ft. dep Diain. to ft. dept	th Wall Thickness: inches or	
5. Type and color of material				From	To	10. Screen; Manufacturer's n		크
Fine Sand				/ \	18'	Type FILTER-PA	Kpia. 4"	_
Clay				19'	37'	Slot/gauze_ SCREFA Set between	ft. and	ft.
med	Send			38'	44	Gravel pack? X Size ran	nge of material GOARS	E SAND
Hand	Elas of 44'	6"				11. Static water level:	face Date 5-1-8	и. 4
						12. Pumping level below land		_
						ft. after h	nrs. pumping g.p.r	m.
						13. Water sample submitted:	mo./day/y	
						Yes No I	ച	
						Pitless adapter 15. Well grouted?	Inches above grade	y
						With: Neat cement Depth: From ft. to	Bentonite Concret	
						16. Nearest source of possible	e contamination:	-
						Well disinfected upon comple	tion? Yes	No L
						17. Pump: Manufacturer's name	Not installed	_
						Model number Length of drop pipe Type:		<u>.</u>
						Submersible	Turbine	
T	(Use a second	sheet if needed)				Centrifugal	Other	- K. 1/2
18. Elevation: 19. Remarks: Well to be used only for This well was dri							y jurisdiction and this report	
18. Elevation: 19. Remarks: Well to be used only for Lawn + gurden irrigation						is true to the best of my know HUNT DRIL	ledge and belief. LINC Co 249	Z Z
31obe	I			- 70		Business name Address R#1 ARKA	NSAS CITY KA	
Upland Valley						Signed Authorized repr	resentative Date	

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

Form WWC-5