

WATER WELL RECORD KSA 82o-1201-1215

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

	County	Fraction/C A/W		Section number		Township number	Township number Range number		
1. Location of well:	WASHINGTON	SWIA NEWANU	V1/4	/	9	т <i>4</i> / s	R 2	€ ŽW	
2. Distance and direction from nearest town or city: 9 N 12 E 3. Owner					er of well: HERMAN WURTZ street: RRAL				
1					ate, zip code: CLIFTON, KANSAS 66937				
4. Locate with "X" in section below: Sketch map:						6. Bore hole dia. 8 in. Completion date Well depth 40 7ft. 3/17/76			
X						7 Cable tool			
E SW SE						Irrigation Air conditioning X Stock County Conditioning X Stock County			
						RMPPVC_XWeightP_lbs./ft.			
5. Type and color of material				From	То	Dia in. to ft. de Dia in. to ft. de	pth Wall Thickness pth gage No.	: inches or	
5. Type and color of	material		## 185	rion	-10	10. Screen: Manufacturer's			
	TOPSON	<u> </u>		0	3	Type PUC	Dia		
	BROWN	CLAY		3	1/	Slot/gauze /// // Set between /// //	Length _ft. and	Zft.	
	_	1 CLAY		11	38	Gravel pack? Size ro	andange of material	4 X KJ	
		AND ROCK		38	48	11. Static water level:	urface Date 3/	mo./day/yr.	
	BLUE			48	74	12. Pumping level below lar	yd sytfoges:		
	HARD	POCK		74	75	ft. after	hrs. pumping	g.p.m.	
	BLUE	•		75	18	Estimated maximum yield — 13. Water sample submitted:		mo./day/yr.	
	SAND	RACK		78	107	Yes X No 14. Well head completion:	Date		
					,	Pitless adapter	Inches ab	ove grade	
						15. Well grouted? \(\frac{12.5}{2.5} \) With: \(\text{Neat cement } \) Depth: From \(\text{Log} \)	Bentonite	Concrete	
						16. Necrest source of possible ft. 100 Direction	le contamination:	1073	
						Well disinfected upon comp			
						17. Pump: Manufacturer's name	Not install	led 20	
						Model number	HP ft . capacity _	Volts	
						Type: Submersible	Tut	bine	
	(Use a second s	heet if needed)				Jet	Red	ciprocating	
18. Elevation:	19. Remarks:					20. Water well contractor's	certification:		
1587						This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
Topography:					Business name License No.				
Slope Upland						Address CLIFTON	KANS		
Upland						Signed Authorized re	presentative 3	19/76 =	
Forward the white, blu	ue and pink copies to the Department	of Health and Environment					Form	WWC-5	