USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

S W S EWATER WELL RECORD
KSA 820-1201-1215

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

6111		Topeka, Kansas 00020
1. Location of well: OH + Fraction	Section number	Township number Range number
2. Distance and direction from nearest town or city: 11 100 10434	M Owner of well:	T BOSA 00
Street address of well location it in city:	R.R. or street:	the test Hand
4. Locate with "X" in section below: Sketch map:	City, state, zip code:	6. Bore hole diain. Completion date
- N		Well depth 157ft.
		7. Cable tool Rotary Briven Dug Hollow rod Jetted Bored Reverse rotary
		8. Use: Y Domestic Public supply Industry
₩		Irrigation Air conditioning Stock Lawn Oil field water Other
SW   SE		9. Casing: Material Height: Above or below
Y S		Threaded Welded Surface in .  RMP PVC Weight lbs./ft .
1 Mile → 1  5. Type and color of material	From To	Dia in. to ft. depth Wall Thickness: inches of Dia in. to ft. depth gage No DU S
00000		10. Screen: Manufacturer's same
old well ( Casings		Type Dia. K A +10
Pulled out well cle	and	Set between ft. and ft.
out good + new PVC	c	Gravel pack? Size range of material
Casingo installed	150'	11. Static water level: 6 mo./day/yr. 77
		12. Pumping level below land surfaces:
<u> </u>		ft. after hrs. pumping g.p.m ft. after hrs. pumping g.p.m.
		Estimated maximum yieldg.p.m.
		13. Water sample submitted: mo./day/yr.  Yes No Date
		14. Well head completion:   Pitless adapter Inches above grade
		15. Well grouted?  With: Near concrete Bentonite Concrete
		Depth: From
		16. Nearest source of possible contamination: Septem Tanks
		Well disinfected upon completion? Yes No  17. Pump: Not installed
		Manufacturer's name
		Model number HP Volts Length of drop pipe ft. capacity g.p.m.    ₹
		Type: Submersible Turbine
(Use a second sheet if needed)	3	Jet Reciprocating Other
18. Elevation: 19. Remarks:		20. Water well contractor's certification: This well was drilled under my jurisdiction and this report
1292		is true to the best of my knowledge and belief
Topography:	, ,	Business name D
Slope Upland		Address Signed Stades Date 6-30
Valley		Authorized representative 1

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

Form WWC-5