WATER WELL RECORD KSA 82a-1201-1215

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

County Fraction 55	Section number	Township number	Range number
1. Location of well: Tefferson 35 1/4 FW 1/4 NW 1/4	20		r 17 OW
2. Distance and direction from nearest town or city: IM West & Morth 3. Ov.	vner of well:	van Clare	
Street address of well location if in city: Ly East Rock Creek City, state, zip code: Meriden Ks.			
4. Locate with "X" in section below: Sketch map:		6. Bore hole dia. 63/4 in	. Completion date OCT 20
	ļ	Well depth ft. 7 Cable tool Rotary	
NW NE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Bored Reverse rotary
* W X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		8. Use: Domestic P	ublic supply Industry ir conditioning Stock
- SW SE Entropy	۲7	Lawn C	il field water Other
West T	——F	9. Casing: Material PIT	
5		RMP PVC	
5. Type and color of material	From To	Dia in. to ft. dep Dia in. to ft. dep	th gage No. 200
5. 1/pc and color of material	1.5		name Sun flower
Mud	09		_ Dia
5 hale arey	9 37	Slot/gauze 3/16 Set between 30	Lengthft.
limk	27 31	Gravel pack?ft.	andft.
1/2	31 44	11. Static water level:	mo./day/yr.
S NATE			face Date OCT 20-17
Sandstone	144 52		hrs. pumping g.p.m.
Lime	5253	ft. after Estimated maximum yield	hrs. pumping g.p.m.
shale andy	53 57	13. Water sample submitted:	mo./day/yr.
shale	57 69	Yes No	Date
1	69 72	14. Well head completion: Pitless adapter	1 Inches above grade
LIMIL	67 7	15. Well grouted? <u>465</u>	Bentonite Concrete
		Depth: Fromft. to	20 ft.
		16. Nearest source of possible ft. JOO Direction	e contamination:
		Well disinfected upon comple	etion? Yes No
		17. Pump: Manufacturer's name	✓ Not installed
		Model number	HP Volts ft. capacity g.p.m.
		Туре:	
		Submersible Jet	Turbine Reciprocating
(Use a second sheet if needed)		Centrifugal	Other Of O
18. Elevation: 19. Remarks: 102 19. Remarks: 102 19. Remarks:	,	20. Water well contractor's this well was drilled under m	certification:
104 10 10 10 10 10 5/2D. Topography:		is true to the best of my know	rledge and belief.
		Business name	License No.
Slope !V Support Suppo		Address —	1 - 2 - 17 E
Valley		Signed Authorized rep	resentative Date
Forward the white, blue and pink copies to the Department of Health and Environment			Form WWC-5

BRelie = 10 X T : 102X

MI-1023