WATER WELL RECORD
KSA 820-1201-1215
CCC

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

VEST .

	County			Section number		Township number	Range number	
1. Location of well:	Tefferson tion from nearest town or city:	1/4 SW 1/4	5 W 1/4		9	т 9 5 s	R 20 E	E/W
2. Distance and direc	tion from nearest town or city:	· YE · M	3. Owi		1: A	Decker		
Street address of well	location if in city:	of Ostrahou	City, s		2 2 # / code:		15 66054	,
4. Locate with "X" in		Sketch map:				6. Bore hole dia in	. Completion date	25.74
N						Well depthft. 7. X Cable tool Rotary		=
NW -	- NE		107			Hollow rod Jetted		se rotary
w	· E	H	40450		1.	8. Use: Domestic P	ublic supply Indu ir conditioning Stoc	
- w - l		11 ,,		JSEP	/, C	Lawn O	il field water Oth	ner
, - 3	X 1		Prac	nage	2	9. Casing: Material DITS Threaded Welded		low
5		1		> /	_	RMPPVC	!Weight	
5. Type and color of n		- tu		From	То	Dia in. to ft. dep Dia in. to ft. dep		
						10. Screen: Manufacturer's r		
100	50:/			0	3	Type RMP	_ Dia 5 *	
Clay	Sandy vel	low, sh		3	18	Slot/gauze	_ Length	ft.
Clay s	sandy arey	,		18	73	Gravel pack? Mb Size ra	and	ft.
5,4	med arry	dista		73	76	111. Static water level:	mo./	day/yr,
	men grey	- Mary		/	10	ft. below land sur		30-160
	•			 		ft. after 1	hrs. pumping	g.p.m.
				<u> </u>		Estimated maximum yield	6	g.p.m.
				ļ		13. Water sample submitted: Yes No	mo./d	day/yr.
				ļ		14 Well head completion:		
						Pitless adapter 4	Inches above gr	rade
						With: Neat cement	Bentonite Co	oncrete
						Depth: Fromft. to		1
						16. Nearest source of possible ft. Direction L. Well disinfected upon complete		No.
						17. Pump:	Not installed	
						Manufacturer's name Model number	HP Volts	
			- H. I. W 1			Length of drop pipe	ft. capacityg	g.p.m.
						Submersible	Turbine	
	(Use a sec	ond sheet if needed)				Jet Centrifugal	Reciproce Other	ating S
	19. Remarks:	, , , , ,				20. Water well contractor's o		
1050	ownen t	o install s	lab.			This well was drilled under m is true to the best of my know	•	eport
opography: Hill						Business name	Dr.//23 316	nse No.
Slope						Address Perry	15 ·	721.7
Upland Valley						Signed Authorized rep	resentative Date	\$ \\ \frac{100.00}{2}
ward the white, blue	and pink copies to the Depart	ment of Health and Environmen	nt				Form WWC	5

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