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

## WATER WELL RECORD KS 82a-1201-1215

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

	County	Fraction		Section number		Township number	Range number	
1. Location of well:	Skoudan	1 W1/4 5 W1/49)	<b>E</b> 1/4	9		T /O S	R 29	E/M
Distance and direct	ction from nearest town or city:		3. Own	street:	_	Hi 10 K	tt <del>s</del> s	
4. Locate with "X" i	n section below:	Sketch map:	City, st	tate, zip c	ode: S	6. Bore hole dia. in Well depth / ft.	. Completion date	-15-79
NW	NE					7 Cable tool Jetted  8. Use: Domestic Po Irrigation A	BoredReverse	stry k
SW I I	SE I					9. Casing: Material  Threaded Welded  RMP PVC	iSurface Weigh <b>+20UPS</b>	in. lbs./ft.
5. Type and color of	· · · · · · · · · · · · · · · · · · ·			From	То	Diain. toft. dep Diain. toft. dep 10. Screen: Manufacturer's	oth gage No.	es or
TOP.	Soil			0	<b>3</b> 77	Type PUC	Dia.	
San	Dy Clay			28	39	Slot/gauze	_ft. and	ft.
90/ gra	200			39	61	Gravel pack? Size ro	mo./c	day/yr.
M git	a gray	,		66	94	ft. below land su  12. Pumping level below lan	d surfaces:	
ASa	De Clay			84	87	ft. after ft. after Estimated maximum yield	hrs. pumping	g.p.m. g.p.m.
Man	uel, grand			82	160	13. Water sample submitted:		day/yr.
Man	ly Clay	1	<del>,</del>	100	128	14. Well heod completion: Pitless adapter	12 Inches above gr	rade
Sand	4 C Vay			122		15. Well grouted?		oncrete ⊣
Mara	al gravel			154	158	16. Nearest source of possible ft. 200 Direction	le contamination:	س
Och				158	160	Well disinfected upon compl		No
	BROC	K 158				Manufacturer's name  Model number  Length of drop pipe	HP Volts ft . capacity g	g.p.m.
						Type: Submersible Jet	Turbine	cating
18. Elevation:	(Use a second	sheet if needed)		<u></u>		Centrifugal  20. Water well contractor's	Other	~
Topography: Hill Slope Upland	17. AUHURS.					This well was drilled under ris true to the best of my kno  B+B  Business name  Address  Signed	my jurisdiction and this rewledge and belief.  Licer  Licer  Licer  Date	26 nse No.
Valley	ue and pink copies to the Departmen	nt of Health and Environment	-			Authorized re	presentative Form WWC	