WATER WELL RECORD KSA 82a-1201-1215

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

						· · · · · · · · · · · · · · · · · · ·	1
1 1	County	Fraction		Section number		Township number	Range number
1. Location of well:	Ellis	SE 1/4 SW1/4 St	1/4	ó	74	T /2 s	R /9 EW
2. Distance and direction from nearest town or city: 5miles north 3 west 1 north west Have. Ks. 3. C				wner of well: Norbert Leiker or street: 211 N Church state, zip cade: Schoenchen, Ks.			
4. Locate with "X" i		Sketch map: old 1	vell-	-X	1	6. Bore hole dia 60 in.	Completion date 6-4-79
ļ _ī	ı		fenc	e	Ś	Well depth ft. 7 Cable toolRotary	Driven Dug
new v				well• '		Hollow rod Jetted Bored Reverse rotary 8. Use: Domestic Public supply Industry Irrigation Air conditioning X Stock Lawn Oil field water Other	
S I 1 M		garage		,x		PMP PVCX Dia. 6_ in. to 50 ft. dep	Weight 200 lbs./ft.
5. Type and color of	·	1		From	То	Dia in. to ft. dept	h gage No20
topsoil				0	4	10. Screen: Manufacturer's i	
clay				4	36	Type DVC Slot yggge031 Set between	
						l ft.a	ndft.
rock	and with clay				39	Gravel pack? Size ra	
medium s				39	43	11. Static water level:	
		•		43	57	12 Fumping level below land	rs. pumping <u>25</u> g.p.m.
blue shale				57	60	ft. after h	75
						13. Water sample submitted: Yes X No	mo./day/yr. Date
						14. Well head completion: X Pitless adapter	Inches above grade
						15. Well grouted? X	
		····		<u> </u>		With:_X Neat cement ft. to .	15 ft.
						16. Nearest source of possible ft Direction	contamination: none
		· · · · · · · · · · · · · · · · · · ·		<u> </u>		Well disinfected upon comple	tion? X YesNo
						Manufacturer's name	
						Length of drop pipe 119	_ ft. capacity 20 g.p.m.
						Type:	Turbine
(Use a second sheet if needed)						Jet Centrifugal	Reciprocating Other
18. Elevotion:	19. Remarks:					20. Water well contractor's of This well was drilled under m	The state of the s
Tenography						is true to the best of my know Karst Water	ledge and belief.
Topography:						Business name	License No.
Slope Upland Valley						Signed Authorized rep	Dot 6/4/1

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

Form WWC-5