WATER WELL RECORD KSA 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
. Location of well: Ellis	NE1/43W1/45E1/4	19	<u> </u>	R 18 EW
2. Distance and direction from nearest town or city:)/4			Tellers	
reet address of well location if in city:		r street: state, zip code:	Hore V.	67601
Locate with "X" in section below:	Sketch map:		4A43 K3	n. Completion date
N			Well depth ft.	
	.	4	7 Cable tool Rotary Hollow rod Jetted	/ Drīven Dug Bored Reverse rotary
N ST	183 Hay	1-25	8. Use:Domestic F	
W	24 mi. 1.	y O	Irrigation A	Air conditioning Stock
sw se			Lawn Oil field water Other 9. Casing: Materia	
			Threaded Welded is in. RMP PVC Weight lbs./ft.	
S I——— 1 Mile ————————————————————————————————————			Dig. 5 in to 50% de	oth Wall Thickness: inches or
. Type and color of material		From To	Dia in. to ft. de	pth gage No 250
ma Rai VI			10. Screen: Manufacturer's	name
HR. DRIAKIY			Туре	
			Slot/gauzeSet between	Lengthft.
Deilled well	in uceu		Gravel pack 2 4 5 5 7 5	andft.
				mo./day/yr.
Rocky AREA.	NHOL FAULT		ft. below land su	
in Kock + -	never got		Y. Pumping level below lar	hrs. pumping g.p.m.
Return on water			ft. after	hrs. pumping g.p.m.
120 Comalin	1		Estimated maximum yield	
UK tormation	a sample.		Yes No	
1+ question	3 Don	 	Well head completion: Pitless adapter	Inches above grade
Butcher W	AS there		15. Well grouted?	miches above grade
during of	2: Ilino		With:Neat cement	Bentonite Concrete
Maring an	<u>A</u> .		Depth: From ft. to	
~			Nearest source of possib	Type
			Well disinfected upon complete. Pump:	Not installed
			Manufacturer's name	
			Model number Length of drop pipe	
			Туре:	
			Submersible Jet	Turbine
(Use a second s	heet if needed)		Centrifugal	Other
3. Elevation: 19. Remarks:			20. Water well contractor's	certification: ny jurisdiction and this report
			is true to the best of my know	
opography:			Droper When	well Drig Iro
Slope			Address Address	35W
Upland Valley			Signed Authorized re	Date Date Date
rward the white, blue and pink copies to the Department	of Health and Environment	***************************************		Form WWC-5