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	
1. Location of well:	Ellis	SE 1/4 NW 1/4 NW 1/4	i	<u> タノ</u>	T 13 S R 18 EW	
2. Distance and direction from nearest town or city: 1west anorth Street address of well location if in city: Augs, Ks. 3. Owner R.R. or str				9	enry Schwaller Assoc. 00 Ma in ays, Ks.	
4. Locate with "X" in section below: Sketch map:				code: 114	6. Bore hole dia 9 in. Completion date 7-18-79 Well depth 82 ft.	
N				2	7Cable tool _X Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary 8. Use: _X Domestic Public supply Industry Irrigation Air conditioning Stock Lawn Oil field water Other 9. Casing: Material DVC Height: Above or below Threaded Welded X Surface 21 in. RMP PVC X Weight 200 lbs./ft. Dia in. to 82 ft. depth Wall Thickness: inches or	
5. Type and color of	material		From	То	Diain. to ft. depth gage No	
topsoil			0	5	10. Scange: Manufacturer's name stream Type	
clay-gu	mbo		5	49	Slot/gave 031 Length 10 Set between 72 ft. and 2 ft.	
sand-med	dium to coarse		119	78	ft. and ft. Gravel pack Size range of material	
blue sha	ale		78	82	50 Static water level: ft. below land surface Date 7-18-79	
					13 15 15 15 15 15 15 15	
					14. Well head completion: X Pitless adapter Inches above grade 15. Well grouted? XX With XX Neat cement Bentonite Concrete Depth: From ft. to ft.	j
					16. Negrest source of possible contamination: ft Direction Type No Well disinfected upon completion? X Yes No	
					17. Pump: Manufacturer's name Model number 15K1 HP 3/4 Volts220 Length of drop pipe 15 ft. capacity 20 g.p.m. Type: Type: Type: Not installed FR. Volts220 Ft. capacity 20 g.p.m.	, J
					X Submersible Turbine Reciprocating \$\int \chi_1\$	
(Use a second sheet if needed)					Centrifugal Other	
18. Elevation: 19. Remarks: Topography: Hill Slope					20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Karst Water Well 199 Business name. Hiway 40 Hays License No. Address Signed Authorized representative	1
Forward the white, blue and pink copies to the Department of Health and Environment					Form WWC-5	