WATER WELL RECORD KSA 82a-1201-1215

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

1. Location of well:	LLis	Fraction NE 1/4 NE 1/4 SU	71/4	Section 34	number	Township number	Range number			
Distance and direction from nearest town or city: 3. Owner Street address of well location if in city:					er of well: Gene Kippes street: 1709 Douglas Dr.					
4. Locate with "X" in section N	\neg o^{D}	Ketch map:	City, si	ate, zip	code: A	6 Bore hole dia. 9 in. Well depth 65 ft. 7 Cable tool 7 Rotary _ Hollow rod _ Jetted 8. Use: _ Domestic _ Pu	Driven Dug Bored Rever blic supply Ind r conditioning Sto	ock		
S 1 Mile 5. Type and color of moterial					То	9. Casing: Material	Surface // // // // // // // // // // // // //	in. _lbs./ft.		
Ti coll						Screen: Manufacturer's n		<u>im</u>		
Proposil				0	7	Type P.U.C.	_ Dia			
Fine sand mixed with clay				21	32	ft. a	ft. and65	ft.		
Λ		9		32	45	Gravel pack? YES Size ran	"mo.,	/day/yr.		
Carse gravel			45	63	12. Pumping level below land		<u>/77</u>			
Grille				63	65	29 ft. after h	rs. pumping 10	g.p.m.		
						Estimated maximum yield	10	_g.p.m.		
						13. Water sample submitted: Yes No [mo., Date	/day/yr.		
						14. Well head completion: Pitless adapter	Inches above g	grade		
						15. Well grouted? <u>465</u> With: Neat cement Depth: From <u>701</u> ft. to	BentoniteC	oncrete _	1/4	
					Ш	16. Nearest source of possible	contamination: 700	e	1	
						Well disinfected upon completed 17. Pump:	tion? Yes _	No	~	
						Manufacturer's name Model number 5848 Length of drop pipe	Not installed HP //2 Volt ft. capacity	s.230	سرع مر	
						Type: Submersible	Turbine	9.5	Q	
(Use a second sheet if needed)						Jet Centrifugal	Reciproc	cating	, K	
18. Elevation: 19. Re	·	,		I	1	20. Water well contractor's co	ertification:	ô	, tc	
Topography: Hill Slope X Upland						This well was drilled under my is true to the best of my knowl was a support of the best of my knowl was a support of the best of my knowl was a support of the best of my knowl was a support of the best of the	edge and belief.	ense No.	NENE	
Valley Forward the white, blue and p	pink capies to the Department of	of Health and Environment				Authorized repr	Form WW(} À	, 18,	