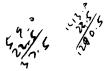
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.



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

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

	County	Fraction	Fraction Section number $SW_{1/4}$ $SE_{1/4}$ $NE_{1/4}$ $G$		number	Township number	Range number	
1. Location of well:	Saline	SW1/4 SE1/4 NI					R ZW E/W	
2. Distance and direction from nearest town or city:  3. Owner of well: La  R.R. or street: Rt.  City, state, zip code:					Pr 1	rry Coates		
4. Locate with "X" in section below: Sketch map:						6. Bore hole dia. 6" in. Well depth 59 ft.	Completion date	
   NW   NE					-	7Cable tool _X RotaryDrivenDugHollow rodJettedBoredReverse rotary 8. Use: _X DomesticPublic supplyIndustry		
W	iX E					Irrigation Ai Lawn Oi	r conditioning Stock	
5	1	N. C.		Ft.		9. Casing: Material Plast Threoded Welded RMP PVC X Dia. 4" in. to 5" ft. dep	Surface /G in	
1 → 1 Mile → 1  5. Type and color of material				From	То	Diain. to ft. depth gage No 70		
λ.,						10. Screen: Manufacturer's n		
Alluvium: Clay, silty buff 12my				0	<i>3</i> 8	Type		
	& Fine to	9 9		38	42	Gravel pack? ft. a		
	sel fine Ysu	,		42	48	11. Static water level:	mo./day/yr. face Date 5 - 2 - 77	
Gravel Course to fine				48	59	12. Pumping level below land surfaces:  42 ft. after 12 hrs. pumping 30 g.p.m.		
WI 15 11 W		4				ft. after h	~~ ~~	
						13. Water sample submitted: Yes A No	mo./day/yr. Date	
						14. Well head completion: Pitless adapter	1 Inches above grade	
						15. Well grouted?	Bentonite Concrete	
							contamination: Type septic tent	
						17. Pump:  Manufacturer's name	X Not installed	
						Model number	HP Volts — ft. capacity g.p.m.	
						Type: Submersible Jet	Turbine	
(Use a second sheet if needed)  18. Elevation: 19. Remarks:						Centrifugal 20. Water well contractor's of	Other of certification:	
Topography:						This well was drilled under mis true to the best of my know	y jurisdiction and this report	
Hill Slope Upland						Business name Address  Address	Keuns License No. 5-27-77	
X Valley	· · ·			· · · · · · · · · · · · · · · · · · ·		Signed Authorized rep	resentative Date	

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

Form WWC-5