## 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	5W1/4 NWh/4 /	luh/4	ć	8	T 14 s	R 20 E/W
	ection from nearest town or city: $5$	south 1 west Ellis	R.R. or	street:	I	ildred Kutina RR Ellis, Ks.	637
4. Locate with "X" in section below:  Sketch map:				7		6. Bore hole dia. 9 in. Completion date 10-9-79 Well depth 38 ft.	
X-NWNE				d		7 Cable toolX Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary	
E SW SE -						8. Use: X Domestic Public supply Industry Irrigation Air conditioning Stock Lawn Oil field water Other  9. Casing: Material VC Height: Above or below Threaded Welded Surface in. RMP PVC X Weigh 200 lbs./ft. Dia. 5 in. to 38 ft. depth Wall Thickness, inches or	
topsiol				0	4	10. Screen, Manufacturer's jet stream	<u>n</u>
clay				4	26	Slot/g <b>X5X</b> e031	Dia _ Length 10 ft. and38ft.
mediom s	sanf			26	35	Jei beiween	and a ft.
blue sha	ıle			35	38	11. Static water level:	mo./day/yr.
						***************************************	d surfaces: hrs. pumping 15 g.p.m.
						ft. after Estimated maximum yield	hrs. pumping 15 g.p.m.
						13. Water sample submitted:	mo./day/yr.
<del></del>						14. Well head completion: Pitless adapter	16 Inches above grade
						15. Well grouted?	Bentonite Concrete
						16. Nearest source of possibl	e contamination: none
	191		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Well disinfected upon comple	YesNo
						Manufacturer's name	Nor installed
	***************************************						ft. capocityg.p.m.
						Submersible Jet	Turbine Reciprocating
(Use a second sheet if needed)  18. Elevation: 19. Remarks:				L	L	Centrifugal  20. Water well contractor's	Other certification:
					This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
Topography:Hill						Karst Wate	bo Havs License No.
Slope Upland Valley					!	Signed Authorized rep	Date 0/9/1

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

Form WWC-5