WATER WELL RECORD KSA 82a-1201-1215

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

	ounty Fraction		Sec	tion number	Township number	Range number	
1. Location of well:	Saline	SE 1/4 NW1/4NW	1/4	34	T 14	s R 4W E/W	
				34 T 14 S R 4W E/W Dwner of well: George McCormick			
1 D D				state, zip code: Bararia, Kaus 67919			
4. Locate with "X" in section below: N				<u></u>		n. Completion date	
NE					7Cable tool K RotaryDrivenDugHollow rodJettedBoredReverse rotary		
					Irrigation	Public supply Industry Air conditioning <u>X</u> Stock Oil field water Other	
sw se					9. Casing: Material	Height: Above or below Surface 2 in.	
S 1-4					Dia. Lin. to LZ ft. d	Weightlbs./ft.	
5. Type and color of	*		1	от То	Diain. toft. di 10. Screen: Manufacturer ¹	epth gage No. School 412 s name Skop	
Aluvi	lay + sitt.	tant aray) 43.s	Type Slots	Dia. 4	
Gravel, fine to coarse & sand, fine permian Shale, gray				5 45.5	Slot/gauze		
permians 1	ide gray		45	5 47	Gravel pack? Size	andft.	
	, 1 1				11. Static water level:	mo./day/yr. surface Date	
					12. Pumping level below to	and surfaces:	
		DLAN AND RESULTS SPECIES AND THE PROPERTY SPECIAL PROGRAMMENT COMES CONTINUES TO THE PROPERTY SPECIAL PROGRAMMENT CONTINUES TO THE PROPERTY SPECIAL PROGRAMMENT CONTINUES TO THE PROPERTY SPECIAL PROGRAMMENT CONTINUES TO THE PROPERTY SPECIAL PROP			ft. after	hrs. pumping g.p.m.	
					13. Water sample submitted YesNo	d: mo./day/yr.	
					14. Well head completion: Pitless adapter _/&_ Inches about		
					With: Neat cement	Bentonite Concrete	
					16. Nearest source of possi	ible contamination:	
					Well disinfected upon completion? Yes 17. Pump: Not installed Manufacturer's name		
					Model number	HP Volts g.p.m.	
			reaction and approximation in the control for the control of the c		Type: Submersible	Turbine	
	(Use a second	sheet if needed)		ALTINOO NITRINOONOO OO	Jet Centrifugal	Reciprocating Other	
18. Elevation: 19. Remarks:					20. Water well contractor	's certification:	
Topography:					is true to the best of my kr	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
Hill Slope					Business name Address	License No.	
StopeUplandValley	1 · · · · · · · · · · · · · · · · · · ·				Signed OP Few	f Gate 2-76	

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

Form WWC-5