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

Jo B W8 800

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:	,	NE 1/4 SW 1/4 SW) 1/4		7	· '	
Distance and direction from nearest town or city:				ner of well:		City Water Dept. City Building	
(3.7) May 2 p 3330.					Hays, Kansas 67601		
4. Locate with "X" in section below: Sketch map:					6. Bore hole dia. 38 in. Completion date Well depth 50 ft. 2/180		
					7 Cable tool Rotary Driven Dug Hollow rod Jetted Bored 🔏 Reverse rotary		
					8. Use:DomesticX Public supplyIndustryIrrigation Air conditioning Stock LawnOil field water Other 9. Casing: MaterialSt Height: Above Lawn		
							!→── 1 Mile ——→।
5. Type ond color of	moterial			From			То
Top soil		·		0	2	Type St.Steel	
Med. sand & gravel laced w/rock				2	51	Slot/gauze	
Shale				51		ft. a Gravel pack? <u>Ye</u> Size rai	
						11. Static water level: 17.5 ft. belaw land sur	mo./day/yr. face Date <u>2/1/80</u>
						12. Pumping level below land	I surfaces: nrs. pumping 316 g.p.m.
					***************************************	ft. after h	ors. pumping g.p.m
						13. Water sample submitted: Yes No	mo./day/уг. Date
							ZO Inches above grade
						15. Well grouted? Yes With: Neat cement Depth: From ft. to .	BentoniteConcrete ft.
						16. Nearest source of possible ft. BSO Direction S Well disinfected upon comple	Type KIUCK
	· · · · · · · · · · · · · · · · · · ·					17. Pump: Manufacturer's name	Not installed
					Model number 22 URHO Length of drop pipe 50	HP Volts 444	
					Type: Submersible	_ X Turbine	
	(Use a second s	heet if needed)				Jet Centrifugal	Reciprocating Other
18. Elevation:	19. Remarks:					20. Water well contractor's o This well was drilled under my	
Topography:						is true to the best of my know Layne Wester	ledge and belief.
Hill Slope						Business name Address Wichit	License No.
Valley						Signed Authorized rep	resentative Dafe

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

Form WWC-5