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) Toneka Kansas 66620

(Boy					Topeka, Kansas 66620
1. Location of well:	County	Fraction SE SE 1/4 SE 1/4	Section	number	Township number Range number
2. Distance and dire	ction from nearest town or city:	South 3. C		-15t	erling Drilling Co
Street address of well location if in city:  R.R. or street:  City, state, zip code:					leiling Ransas.
4. Locate with "X" i		Sketch prop:			6. Bore hote dia. in. Completion date — Well depth _ ft.
Mile	NE				7Cable tool
S SE					Lawn Oil field water Other  9. Casing: Material Height: Lower below Threaded Welded Surface in. RMP PVC Weight 7:3_ lbs./ft.
1 M 5. Type and color of			From	То	Dia. 5 in. to 6.5 ft. depth Wall Thickness: inches or Dia. in. to ft. depth gage No. 200
		Clay	D	10	10. Screen: Manufacturer's name
		Sandy Dlay	10	25	Type
		Sand	25	45	ft. andft. Gravel pack?
		have	45	65	11. Static water level: mo./day/yr.
					12. Pumping level below land surfaces:
					ft. after hrs. pumping g.p.m.
					Estimated maximum yieldg.p.m.  13. Water sample submitted:mo./day/yr.
				-	Yes Y No Date  14. Well head completion:
					Pitless adapter Inches above grade  15. Well grouted? Bentonite Concrete
					Depth: From ft. to ft.  16. Nearest source of possible contamination:
	A CONTRACTOR OF THE CONTRACTOR				ft Direction Type No  Well disinfected upon completion? Yes No
					17. Pump: Not installed Manufacturer's name
					Model number         HP         Volts           Length of drop pipe         ft. capacity         g.p.m.
					Type: Submersible Turbine
	(Use a second	sheet if needed)			Jet Reciprocating Other
18. Elevation: 19. Remarks:				20. Water well contractor's certification: This well was drilled under my jurisdiction and this report	
Topography:					is true to the best of my knowledge and belief.    Structure   Str
Slope Upland Valley					Address H Send NO H 3 Signed Authorized representative

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

Form WWC-5