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	/	Section number		Township number	Range number
. Location of well: Slafford	5W 1/4 NE1/4 SU	1/4			1 2/ s	r 14 @/W
2. Distance and direction from nearest flown or city: 10 Sauth 3. Owner			er of well \$10, prilling & R 14 MM  street:  tate, zip code: Great Brend Yansard.			
. Locate with "X" in section below:	Sketch map:			7	6 Boro bolo dia 🔭 🏻 in	. Completion date
W SW SE					7 Cable tool 1 Rotary Hollow rod Jetted 8. Use: Domestic P Irrigation A Lawn A C	Driven Dug Bored Reverse rotary  ublic supply Industry  ir conditioning Stock  bil field water Other
S					9. Casing: Material Threaded Welded RMP PVC	iSurfacein. iWeight=287-3-lbs./ft.
. Type and color of material	- Fast		From	То	Dia in. to ft. der	oth Wall Thickness: inches or oth gage No 24
	<u> </u>	ı		-1	10. Screen: Manufacturer's	
	Fine Sand		0	8	TypeSlot/gauzeSlot/	_ Dia
	Vlay		8	30	Set betweenft.	_ft. andft.
	Time Suna + Cla	uf	30	55	Gravel pack? X Size re	
	Travel	/	55	15	11. Static water level:  20 ft. below land su	mo./day/yr.
					12. Pumping level below lar	nd surfaces:
						hrs. pumping g.p.m. hrs. pumping g.p.m.
	- M-104				Estimated maximum yield — 13. Water sample submitted:	
					Yes No	Date
			+	<u> </u>	<ul><li>14. Well head completion:</li><li>Pitless adapter</li></ul>	12 Inches above grade
					15. Well grouted?	Rentonite Concrete
- <del></del> "					16. Nearest source of possib	le contamination:
- India	Att Taker				ft Direction Well disinfected upon comp	
					17. Pump:  Manufacturer's name  Model number	Not installed  HP Volts
	***				Length of drop pipe Type:	ft. capacityg.p.m.
(Use	a second sheet if needed)				Submersible Jet Centrifugal	Turbine Reciprocating Other
18. Elevation: 19. Remarks:  Topography:  Hill Slope					20. Water well contractor's This well was drilled under is true to the best of my known Business name Address	my jurisdiction and this report
Upland Valley	epartment of Health and Environment				Signed Authorized r	Form WWC-5