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:	Pawnee	SE 1/4 NE 1/4 NE	1/4	ق	30	T 21	R 20 MW Ropa PSON Ropa PSON Ropa PSON Reverse rotary Public supply Industry Air conditioning Stock Oil field water Other Public supply Industry Air conditioning Stock Oil field water Other Public supply Industry Air conditioning Stock Oil field water Other Public supply Industry Air conditioning Stock Oil field water Other Public supply Industry Air conditioning Stock Oil field water Other Public supply Industry Industry Industry	
2. Distance and dire		NIZW	3. Owr	ner of we	11:	Laward 7	ThOAN PSON	
Street address of well location if in city: **R.R. or City, sto					code:	Burdett, KS		
4. Locate with "X"	in section below:	Sketch mop:				6. Bore hole dia. 30 Well depth 32 ft.	in. Completion date	
Will Will	- NE - X					7 Cable tool Rotat Hollow rod Jette 8. Use: Domestic Irrigation	ry Driven Dug sd Bored	
	S Aile					9. Casing: Material State Threaded Welded X RMP PVC	Height: bové or below Surface 2 in. Weightlbs./ft.	
5. Type and color o	f material			From	То	Dia in. to ft. de	epth gage No. 3/16	
	Top Soll	1-Clay		0	40	10. Screen: Manufacturer': Do Type Stell	err	
	Top Soll	(d		40	60	Slot/gauze/	Length	
	SLNdy	Clay		60	85		and ft, range of material 18'-34	
	Sand-	Gravel		85	132	11. Static water level:		
						12. Pumping level below to	and surfaces:	
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					ft. after Estimated maximum yield _	hrs. pumping g.p.m.	
						13. Water sample submitted Yes No	l: mo./day/yr.	
						14. Well head completion:		
						15. Well grouted?		þ.
					With:X_Neat cement Depth: Fromft. t		ا ' <i>ا</i>	
						16. Nearest source of possil	ble contamination: FATA Type Stead	
						Well disinfected upon comp		29
				1		Manufacturer's name		\mathcal{O} [$$
				ļ	-	Length of drop pipe		3
					ļ	Submersible		1
(Use a second sheet if needed)						Jet Centrifugal		r JU
18. Elevation: Topography: Hill Slope Upland	19. Remarks:					is true to the best of my kno Business name Address	my jurisdiction and this report	2 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
X Valley				•		Signed Authorized to	epresentative Date	\$17
Forward the white, bl	ue and pink copies to the Department o	of Health and Environment					Form WWC-5	1