USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.			
WATER WELL RE KSA 82a-1201-		En (W	nsas Department of Health and vironment-Division of Environment ater well Contractors) peka, Kansas 66620
County Fraction	Section number	Township number	Range number
1. Location of well: HARVEY NE 1/4 SE 1/4 SE 1/4	9	7 22	S R E
·	•	red Kueste	
Street address of well location if in city:  SAME  R.R. or street: 72 8 Crescent Drive  City, state, zip code: HessTon, Kansas			
4. Locate with "X" in section below:			n. Completion date
hose hose		7 Cable tool 🔏 Rotar Hollow rod Jetter	y Driven Dug d Bored Reverse rotary
	8. Use: Domestic Public supply Industry Stock		
sw se			Height Above or below
Street			Surfacein. Weightlbs./ft.  apth Wall Thickness: inches or
5. Type and color of material	From To	Diain. to ft. de ft. de in. to ft. de ft. de ft. de ft. de	epth gage No. <u>• 208</u>
Laam	05	Type	Tech -own stat
hel-brown clay	5 10	Slot/gauze046	ft. andft.
Light grey clay	10 15	Gravel pack? X Size	range of material 1/6 -1/4
" brown clay	15 20	11. Static water level: ft. below land s	mo./day/yr. urface Date <u>8-30-77</u>
Sandy - gray - brawn clay	20 235	12. Pumping level below la	hrs. pumpingg.p.m.
Sond - course with grey cloy to	yer 25 30	Estimated maximum yield _	
green - grey shale	30 32	13. Water sample submitted  Yes No	: mo./day/yr.
		14. Well head completion: Pitless adapter	12 Inches above grade
		With: Neat cement Depth: From ft. to	Bentonite Concrete
		16. Nearest source of possil	ble contamination:
		Well disinfected upon comp	
		17. Pump: Manufacturer's name	Dem 05 fer
		Model number DLM - Length of drop pipe 21	ft. capacity 2 g.p.m.
		Type: Submersible	Turbine
(Use a second sheet if needed)		Centrifugal	Other %
18. Elevation: 19. Remarks:		20. Water well contractor! This well was drilled under	s certification: my jurisdiction and this report
Topography:	is true to the best of my kno	owledge and belief.	
—— Hill	Business name	License No.	
Slope Upland	Address P. DD	10 2 also	
Valley		Signed Authorized to	epresentative Date
Forward the white, blue and pink copies to the Department of Health and Environment			Form WWC-5