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)

| Smith # | Smith #1/ | | | Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620 | |
|---|--------------------------------------|------------------|--|---|--|
| County | Fraction | Section number | Township number | Range number | |
| 1. Location of well: Harves | 5K 1/4 SK1/4 SKI | 4 23 | 1223 | S R 2 N EM | |
| 2. Distance and direction from nearest to h or | city: 6 South 3 | . Owner of well: | whe Dr | lling Co | |
| Street address of well location if in city. | | .R. or street: | | d Vans. | |
| 4. Locate with "X" in section below: N | Sketch map: | | 6. Bore hole dia. ———————————————————————————————————— | in. Completion date | |
| NW NE | | | 7 Cable tool 💃 Rota Hollow rod Jett | ary Driven Dug ed Bored Reverse rotary | |
| W 1 1 E | | | Irrigation | Public supply Industry Air conditioning Stock | |
| SW SE | | | 9. Casing: Material | Oil field water Other iHeight: Above or below Surface / 2 in. | |
| S 1 Mile | | | | Surface 1 in. | |
| 5. Type and color of material | | From To | Dia in. to ft. c | depth gage No. 122444 TV | |
| | Olay | 0 20 | 10. Screen: Manufacturer | S nome | |
| | | | Slot gauze | Dia | |
| | Trans | 90110 | Set between96 | ft. andft. | |
| | | | Gravel pack? | | |
| | | | 11. Static water level: | mo./day/yr. | |
| | | | | surface Date | |
| | | | 12. Pumping level below ft. after | | |
| | | | ft. after | hrs. pumping g.p.m. | |
| | | | Estimated maximum yield 13. Water sample submitte | | |
| | | | Yes No | Date | |
| | | | 14. Well head completion Pitless adapter | : Inches above grade | |
| | | | 15. Well grouted? | , | |
| | | | With: Neat coment . Depth: From ft. | 1/2 | |
| | | | 16. Nearest source of poss | sible contamination: | |
| | | | Well disinfected upon con | 7. | |
| | | | 17. Pump: Manufacturer's name | ₩ Not installed ∞ | |
| | | | | HP Volts | |
| | | | 4 | ft. capacityg.p.m. | |
| | | | Type: Submersible | Turbine | |
| (Use | a second sheet if needed) | | Jet Centrifugal | Reciprocating Other | |
| 18. Elevation: 19. Remarks: | | · | 20. Water well contractor This well was drilled under | r's certification: er my jurisdiction and this report | |
| Topography: | | | is true to the best of my k | nowledge and belief. | |
| Hill | | | Business name | Wall License No. | |
| Slope | | | Address Great O | ent 10 143 | |
| Upland Valley | | | Signed Authorized | representative Date | |
| orward the white, blue and pink copies to the D | Department of Health and Environment | | | Form WWC-5 | |