WATER WELL RECORD KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

| | County | T = | | | | | | |
|---|--------------------|--------------------|--------------|------------|----------|---|-------------------------------|-----------------------------------|
| | 1 ' 4 | Fraction | | Section nu | mber | Township number | Range number | |
| 1. Location of well: | Harvey | 5W1/4 N E 1/4 NV | V 1/4 | 2 | 7 | 1 23 s | r 2 | £ /W |
| | 11.1 | 6 N. Stead, KS | 3. Owi | street: | 177 | ed Tiger Drilli 10 Ks state 1 Wichita, Ks | BK Bld | 9 |
| 4. Locate with "X" in section below: Sketch map: | | | | | | 6. Bore hole dia | | |
| NW2- | - NE | | | | | 8. Use: Domestic Pub Air Air Air Air Y Oil 9. Casing: Material | conditioning S field water C | ndustry tock Other below |
| 1 → 1 Å | S Aile | | | From | То | Threaded Welded PVC | -Weight NWall Thickness: i | lbs./ft. nches or |
| 5. Type and color o | , | | | + | | 10. Screen: Manufacturer's no | - | |
| | <u>Topso</u> Sa | il-Clay Nd-Clay | | 101 | 40 65 | Type PVC Slot/gauze //g' Set between 77 | | ft. |
| | | Jd- Gravel | | 65 | | Gravel pack? Size ran | ge of material | 8 · 3/5 |
| | W W | | | | | 11. Static water level: | ace Date 10- | o./day/yr. - 23 - 74 |
| | | | | | | ft. after h | rs. pumping | g.p.m. |
| | | | | | | Estimated maximum yield 13. Water sample submitted: Yes X No D | n Date | o./day/yr. |
| | | | | | | | 2 Inches abov | e grade |
| | | | | | | 15. Well grouted? | | _ Concrete |
| 177.4 | | | | | | 16. Nearest source of possible ft. 70 Direction | contamination: | Oil Test |
| , | | | | | - | Well disinfected upon comple 17. Pump: Manufacturer's name | X Not installed | |
| - In | | 1.00 | | | | Model number | | |
| | | | | | | Type: Submersible Jet | Turbi Recip | ne procating |
| (Use a second sheet if needed) | | | | | | Centrifugal | Othe | r |
| Topography: Hill Slope X Upland | 19. Remarks: | | | | | 20. Water well contractor's of This well was drilled under my is true to the best of my know ACIN/SWATER Business name Address Signed AULA PA | jurisdiction and th | icense No. |