USE TYPEWRITER OR BALL		Hanston			
POINT PEN-PRESS FIRMLY,			- 7	l.	
PRINT CLEARLY.				$R^{(2)}$	
Za Najara	WATER WELL RECORD KSA 82a-1201-1215			1 2	Kansas Department of Health and Environment-Division of Environment
	KSA 82a-12	01-1215			(Water well Contractors)
	7 ( C		^		Topeka, Kansas 66620
	// 0	2	<del>.                                    </del>		
1. Location of well:	1/4 1/4	Section 1/4	number	Township number	Range number S R 2 2 E/W
2. Distance and direction from nearest town of city:	350TH	3. Owner of well	T	AMES H	HOGAN
l de la	5AST of	R.R. or street:	<i>O</i> ,	- PU 1)	
		City		Kunlan	1/2 11000
DAW.	570 N /TS	City, state, zip o	ode:	KINSLEY	KANSAS
4. Locate with "Xii in section below: S	ketch map:		,	1 / 7	tin. Completion date 20
	and the second			7. Cable tool XR	otary Driven Dug
					ettedBored Reverse rotary
<u>≅</u> W				8. Use: Domestic .	
E W					Air conditioning 🕍 Stock
11				Lawn	Oil field waterOther
SW SE				9. Casing: Material	
				Threaded Welded	i * 👝 ./
<u> </u>				RMP PVC _	Weightlbs./ft.
1 Mile	en de productiva en el como de la como			~ .	depth!Wall Thickness: inches or
					. depth gage No. 250
5. Type and color of material		From	То		
				10. Screen: Manufactu	er's name
BJACK TOP 901	/	0	4	# J7 Z	·
DUFFCIE TUPSOI	<u> </u>		_ •	Type	Dia
BROWN CLAN		4	2-6	Slot/gauze	Length
PHOWN C/AY			23	Set between	ft, andft.
51.0 (640.0)		15	61		_ft. andft.
AND · (PIRK)		55	41	Gravel pack?	ze range of material
Riveral			0	11. Static water level:	mo./day/ут.
DLUE CIAV		4/	70	42ft below to	nd surface Date 20-00-70
P = -		G.	12:		
LIED SHND			95	12. Pumping level below	. /
Billia			1.0	ft_after	hrs. purpling g.p.m.
L DIUE SHAI	<u> </u>	(95)	108	ft. after	hree pumping g.p.m.
				Estimated maximum yiel	g.p.m.
GREY SUAL	F	1/08	120	13. Water sample submi	tted: mo./day/yr.
7 7				Yes <b></b> No	Date
				14. Well heod completion	200
				i Treil neod completion	

Depth: From \_\_\_\_\_\_\_ ft. to \_\_\_\_ ft. 13 12 OCK 16. Negrest source of possible contamination:

ft. Direction WATH Type Well disinfected upon completion? \_\_\_\_\_ Yes sat thick Not installed 17. Pump: Manufacturer's name Model number \_ HP. \_\_\_ Volts . Length of drop pipe ft. capacity \_\_\_\_\_g.p.m. Type: Alluvium 19 \_\_ Submersible Turbine \_\_\_\_ Jet \_ Reciprocating Other (Use a second sheet if needed) \_ Centrifugal 19. Remarks: 18. Elevation: 20. Water well contractor's certification: This well was drilled under my jurisdiction and this report

Forward the white, blue and pink copies to the Department of Health and Environment

TOPO

Topography:

Hill
Slope
Upland

Valley

Form WWC-5

Authorized representative