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	Panas number	
1. Location of well:	l .'	Fractions anter 1/4 of 1/4 SE1/4	Jection	number	1 2 3	Range number	
2. Distance and dire	ection from nearest town or city:	3. Own	ner of wel	_	ATON KA	ruffma	
Street address of well	l location if in city: 2 No -	- l East R.R. or	street:	40	1 Norman		
4. Locate with "X"	in section below:	Sketch map:			6. Bore hole dia. 30 in Well depth ft.		<u>-10</u> 76
NW	NE				7 Cable tool Rotary Hollow rod Jetted		rse rotary
w	i wall					Air conditioning Sta	ock
sw •							
	S Aile ————————————————————————————————————				RMP PVC Dia 16 in. to 195ft. de	Weight 34	_ibs./ft.
5. Type and color of material				To	Dia in. to ft. depth gage No. 3/4 4		
	TED SOIL		0	2	AURORA		7 8
	Clay- Red		2	12	Slot/gauze	Length	- ft
	SANO - FINE		IZ	22		and	# 4 ft.
	Chay REX)	22	38	11. Static water level:	, mo.	/day/yr.
	SAND - ME	& To course	38	55	12. Pumping level below lar	nd surfaces:	g.p.m.
	CLAY- BL	NE	55	103	ft. after Estimated maximum yield	hrs. pumping	_ g.p.m. _ g.p.m.
	CLAY - LAYE	es of Find & Sal	103	133	13. Water sample submitted:		./day/yr.
	TAND - Med	- to Five	133	1	14. Well head completion:		
	5HALE-GRE	EN	194	195	15. Well grouted?		Class 1
			ļ		With: Neat cement Depth: From ft. to		Concrete
					16. Nearest source of possible ft. 2 **** Direction		/ 4
			-		Well disinfected upon comp	letion? Yes Net installed	No
		4/4/	-	-	Manufacturer's name	MP Vo	COLL TO
	·			 	Length of drop pipe 220	ft. capacity	-g.p.m. (§
· .					Submersible		ocating
10.01	T	sheet if needed)			Centrifugal	Other	
18. Elevation:	19. Remarks:				20. Water well contractor's This well was drilled under	my jurisdiction and this	report
Topography:					is true to the best of my know	wledge and belief.	38A
Hill Slope					Business name Address 25 150	LINDSMEC	ense No.
Upland					Signed Wellese 16 Authorized re	presentative Date	57 5
Forward the white, b	lue and pink copies to the Department	of Health and Environment				Form WW	/ /C-5