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 Range number		
1. Location of well:	HARVEY	SE 1/4 NW1/4 NU	J 1/4	36		T 23 s	R 3	• w
2. Distance and direct	ction from nearest town or city:	mi South + East OF	3. Owr R.R. or	ner of well street: tate, zip o	Rik	EO KEOHN HALSTEAD	Ks 6	7056
4. Locate with "X" in section below: Sketch map:						6. Bore hole dia, 30 in	Completion date	7-23-78
IRRIGATION						Well depth 293 ft. 7 Cable tool Rotary Hollow rod Jetted		
WELL						8. Use:DomesticPublic supplyIndustryX IrrigationAir conditioningStockLawnOil field waterOther 9. Casing: Material TRANSTAGENT:Dove or belowInRMPPVCWeight32Ibs./ftDiaIn. to21 ft. depth Wall Thickness: inches or		
Top Soil				0	6	Type TRANSITY Dia. 16 1.0.		
FINE SAND				6	31	Set between	Length	ft.
Beor	UN Clay			31	38	Gravel pack?	andange of material	410
MEO	ium Sano			38	51	11. Static water level:ft. below land su		3-79
MEDIUM COURSE SAND				51	95	12. Pumping level below lan		g.p.m.
MEDIUM (EGUAS) SAND				95	118		hrs. pumping. 1260-1500	g.p.m.
MEDI	un SAND +	Clay		118	122	13. Water sample submitted:	Date	o./day/yr.
MEDIUM GRAY SAND				122	140	14. Well head completion: Pitless adapter	20 Inches above	e grade
BROY	un Clay			140	143	15. Well grouted? LIDE With: Neat cement Depth: From ft. to	LE CIAY Bentonite	· ·
						16. Negrest source of possible ft. Direction Well disinfected upon complete the complete for the complete fo	UEST Type	695 X No
	•					17. Pump: Manufacturer's name Model number	Not installed STEP 40 HP 60 Vo ft. capacity 60	olts
						Length of drop pipe Type: Submersible Jet	Turbin	
18. Elevation:	(Use a second	sheet if needed)			l	Centrifugal 20. Water well contractor's	Other	
Topography: Hill Slope Upland						This well was drilled under ris too to the best of my known business not be address by 150 Signed Milk Life Company 150 Signed Milk	my jurisdiction and th	is report 138 cense No.
Valley	ue and pink copies to the Departmen	nt of Health and Environment				Authorized re	presentative Form W	