USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY,		T R EW sec 1/4 1/4 1/4 No.
PRINT CLEARLY. WATER WELL R KSA 82g-1201		Kansas State Dept. Of Health (Water Well Contractors) Forbes-Bldg. 740 Topeka, Kansas 66620
1 Location of well: Reno Clay Fraction	<b>v</b>	TZ35 RSW
Distance and direction from nearest town or city: 18 mi E of 3 Owner of well: Mrs Robt. Frank Street address of well location if in city: 11.7 claring Care Ko Address: 0+11 41 + 1		
Street address of well location if in city: Locate with "X" in section below: Sketch map:	Address: RT	4 Hutchinson Ks. 4 Well depth: 120 ft. Date of completion 7-25-75
		Well diameter         In.         0-40         5"40         1.20'           5         Cable tool         Rotary         Driven         Dug
	,	Hollow rod Di Jetted Bored Reverse rotary 6 Use: A Domestic Public supply Industry
W E I I I I I I I I		Irrigation Air conditioning Commercial Test well
		7 Casing: Material <b>RMP</b> Height: 6000 below Threaded Welded Surface
S Mile		Digm. Weight 200 lbs./ft Gin. to 40t. depth Drive shoe? Yes ANNO
2 Type and color of material	From To	in.toft.depth! 8 Screen: ManufacturerNonceUsed
Topsoil - sandy	02	Type         Dia.           Slot/gauze         Length
Fine sand	<u>25</u> 511	Set between ft. and ft           Fittings:
Gray elay		Gravel pack Yes No Size range of material — 9 Static water level:
Pine Sand Brack Port	17 73	23ft. below land surface Date 7-15-75 10 Purgping level below land surfaces:
Course Sand	2335	- 40 ft. after hrs. pumping g.p.m. ft. after hrs. pumping g.p.m.
Red a blue shale	35 120	Estimated maximum yield g.p.m. 11 Water sample submitted: Yes No Date
		12 Well head completion: Pitless adapter
		- 13 Well grouted? Yes No Mat cement Bentonite
		Depth: From 2 ft. to 2 ft.
		14 Nearest source of possible contamination: ft. <u>50</u> Direction <u>5</u> Type <u>Live</u> <i>Tock</i> Well disinfected upon completion? <b>T</b> res <b>No</b>
		15 Pump: Manufacturer's name Aermoton
		Model number SDIZ, HP Volts 72.0 Length of drop pipeft. capacity / 2-g.m.p.
		Type: Submersible ITurbine
(use a second sheet if needed)		Jet   Reciprocating     Certrifugal   Other
16 Remarks: elevation		17 Water well contractor's certification: This well was drilled under my jurisdiction and this
Topography:		report is true to the best of my knowledge and belief. Miller Water Well 137
☐ Hill X Slope ☐ Upland		Business name, License No. Address Hatchinson Ks. Signed ACMiller Date -4 -75
		Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5