USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY. Kansas Department of Health and WATER WELL RECORD Environment-Division of Environment KSA 82a-1201-1215 (Water well Contractors) Topeka, Kansas 66620 County Fraction Section number Township number Range number Ken. Location of well: 3 スろ NE 1/4 NE 1/4 SE 1/4 6 E 2. Distance and direction from nearest town or city: 2100 With the second secon 3. Owner of well: Flec erwood 35 R.R. or street: City, state, zip code: 6. Bore hole dia. -7 _ in. Completion date 4. Locate with "X" in section below: Sketch map Well depth **40** ft. Ν Driven 🔏 Dug 7. ___ Cable tool ___ Rotary 🗶 Bored ____ Hollow rod ____ Jetted Reverse rotary NW NE 8. Use: 🗶 Domestic __ Public supply ___ Industry Mile W ____ Irrigation ____ Air conditioning ____ Stock 25 L X ____ Lawn Oil field water Other SW SE 9. Casing: Material Plas Height: boye or below Threaded _____ Welded 6/4 visurface lbs./ft RMP_X___ PVC ____ ____Weight_ ς Dia 6 in. to 40 ft. depth Wall Thickness: inches or – 1 Mile – Dia. ____ in. to _____ ft. depth gage No. ____ 5. Type and color of material From То 10. Screen: Manufacturer's name _____ 4 501 N 3 KMP Type _ _ Dia. Slot/gauze 18 hule_ Length_ 3 9 <u>clay</u> Set between _ _ft. and _ __ft. and _ 9 Gravel pack? ______Size range of material 11. Static water level: 4-24-7 12 ft. below land surface Date 12. Pumping level below land surfaces: 3 $\underline{13}$ ft. after $\underline{1}$ hrs. pumping $\underline{20}$ g.p.m. hrs. pumping _ ____ ft. after ____ _____g.p.m. Estimated maximum yield -_g.p.m. 13. Water sample submitted: mo./day/yr Yes 👗 No Date 14. Well head completion: 12 Inches above grade Pitless adapter 15. Well grouted? $|\mathcal{N}|$ With: Neat cement _____ Depth: From ______ ft. to ____ Bentonite _ Concrete **3**ft. 16. Nearest source of possible contamination: Suli 4 Type Sewer ft. 25 Direction ____ Well disinfected upon completion? No Yes 17. Pump: 🔣 Not installed Manufacturer's name _ 5 ____ HP _____ Volts . Model number _ <u>ا</u>ھ Length of drop pipe _ _ ft. capacity _____g.p.m. Type: ____ Submersible _ Turbine Jet Reciprocating Other Centrifugal (Use a second sheet if needed) 18. Elevation: 19. Remarks: 20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Topography: rice Wat business name Hill Address _ Slope Upland Authorized representative **Date** Signed -🗶 Valley

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

Form WWC-5