POINT PEN-PRESS FIRMLY, PRINT CLEARLY.	WATER WELL RECORD KSA 82a-1201-1215				Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620
1. Location of well:	Reno	Fraction N 1/4 NW1/4 NE 1/4	Section L	1	Township number $Range number$ T 2 3 s R 6 EW
2. Distance and direction from 33/4 Street address of well location	Homes if in city:	tead R.I	Owner of wel R. or street: ty, state, zip	-	ack Waite utchinson Kan 67501
4. Locate with "X" in section N	below:		itic		6. Bore hole dia. 9 in. Completion date Well depth 70 ft. 9-16-76
♥ W I I I SW SE - I I I SW SE - I I S		House			7Cable toolRotaryDriven X Dug Hollow rodJetted X BoredReverse rotary 8. Use: X DomesticPublic supplyIndustry IrrigationAir conditioningStock X LawnOil field waterOther 9. Casing: Material PIAS Height:Other ThreadedWelded Glass Surfacelin. RMPXPVCWeightlbs./ft.
t - 1 Mile 5. Type and color of material		- <u></u>	From	То	Dia in. to ft. depth yall Thickness: inches pr Dia in. to ft. depth yage No75
	dark b	rown top so	11 0	2	10. Screen: Manufacturer's name
	· · · · · · · · · · · · · · · · · · ·	sundy clay	12	5	Slot/gauze <u>'19 h c/e</u> Length <u>10'</u> Set between <u>30</u> ft. and <u>40</u> ft.
	fine	gravel	5	7	ft. andft. Gravel pack? AUQ Size range of material
	mediu	m gravel	7	40	11. Static water level:mo./day/yr. ft. below land surface Date
					12. Pumping level below land surfaces: 7.2 ft. after
			-		15. Well grouted? YES With: Neat cement Bentonite Concrete
		<u>-</u>			16. Nearest source of possible contamination: ft. <u>60</u> Direction <u>Type</u> Yes <u>No</u>
					17. Pump: X Not installed 70
					Model number HP Volts Length of drop pipe ft. capacity g.p.m.
					Type: Submersible Turbine
	(Use a second s	heet if needed)			JetReciprocatingOtherOther
18. Elevation: 19. Remains Topography: Hill Slope Upland Valley	arks:				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. Price Water Well 193 Business name Address RB3 HutchinSon Signed Date Date John Date Z-21-7 Authorized representative Form WWC-5

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

USE TYPEWRITER OR BALL

Form WWC-5