## WATER WELL RECORD KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

r	County	Fraction	Section number		Township number Range number		
1. Location of well:	Reno	NE 1/4 NE 1/4 SW 1/4	6	7	1 23 s	r 6 E	
2. Distance and direction from nearest town or city: 607 TOWN & Country Street address of well location if in city: Huffbinson Huffbin							
4. Locate with "X" in section below: Sketch map: Mobil					6. Bore hole dia. <u>7</u> in. Completion date Well depth <u>35</u> ft. <u>5 29-77</u>		
$ = \frac{1}{2} $				-	7Cable toolRotaryDriven X_Dug        Hollow rodJetted X_BoredReverse rotary         8. Use: XDomesticPublic supplyIndustry        IrrigationAir conditioningStock        IrrigationAir conditioningStock        Oil field waterOther         9. Casing: Material Place Height: Koove or below         ThreadedWelded 6/4 elsurfacein.         RMP_XPVCWeightIbs./ft.         Diain. toSft. depth Wall Thickness: inches.or		
5. Type and color of material				То	Dia in. to ft. depth gage No		
Sandy top soil				2	$\frac{1}{12} \frac{1}{12} \frac$		
brown sandy clay				4			
fine gravel			4	8	ft. andft. Gravel pack? <i>NU</i> Size range of material		
medium gravel			8	35	11. Static water level:	mo./day/yr. face Date <u>5 -29-17</u>	
		,			12. Pumping level below, land <u>10</u> 2-ft. after h ft. after h Estimated maximum yield 13. Water sample submitted:	surfaces: rs. pumping <u>15</u> g.p.m.	
					Depth: From ft. to .	<u>2</u> Inches above grade Bentonite <u>Concrete</u> ft.	
					16. Negrest source of possible contamination: ft. <u>BD</u> Direction <u>S</u> <u>U</u> Type <u>Septic</u> Well disinfected upon completion? <u>X</u> Yes <u>No</u>		
					17. Pump: Manufacturer's nameS Model numberS Length of drop pipeC Type:	Not installed N	
					Let	Turbine Reciprocating	
18. Elevation: Topography: Hill Slope Upland Valley	(Use a second s	heet if needed)	<u> </u>	I	Centrifugal 20. Water well contractor's of This well was drilled under m is true to the best of my know <i>FICE Wate</i> Business name Address <i>R</i> 3 <i>H</i> Signed <i>Authorized rep</i>	y jurisdiction and this report ledge and belief. <u>FUEII 193</u> License No. <u>WFC4 INSOM</u> Sumpting Date 721	Soc 1/4 1/4 1/4

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