USE TYPEWRITER OR BALL POINT PEN-PRESS FIRML' PRINT CLEARLY.		WATER WELL RECO	0		Kans	as Department of Health and		
	KSA 82a-1201-1215				Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620			
Ca	ounty _	Fraction	Section	number	Township number	Range number	7	
1. Location of well:	Reno	NE1/4 SE 1/4 SW 1/4		9,	1 23 s		ž	
		02 Westerdruille 3. Own chinson Ks. City, s	ner of well street: tate, zip o	:Nor 30 :ode:				
4. Locate with "X" in section below: Sketch map:					6. Bore hole dia. <u>X</u> in. Completion date <u></u> Well depth <u>35</u> ft. <u>2-/3-76</u>			
I I I I					7Cable toolRotaryDrivenDug Hollow rodJettedBoredReverse rotary 8. Use:DomesticPublic supplyIndustry			
					. Ose: Domestic Fublic supply Industry Irrigation Air conditioning Stock Lawn Oil field water Other 9. Casing: Material PISE [Height Above]or below			
					9. Casing: Material PISL Height Above pr below Threaded Welded Surface I. in. RMP PVC Weight Ibs./ft. Dia. S in. to Sft. depth Wall Thickness: inches or			
5. Type and color of material			From	To	Dia in. to ft. dep	th gage No. 1200	-	
	Sandy Tra.		0	3	10. Screen: Manufacturer's r	دة م _س ر	-	
(clast del	K araw	3	6	Slot gauze 3/32"	Dia Length ft. and ft	-	
	Sand + Gra	vel light aron	6	સ્ટ	Gravel pack?	andfi		
		کہ <i>(</i> ر			11. Static water level:	mo./day/yr		
					12. Pumping level below land		7	
					· ·	hrs. pumping g.p.m g.p.m	•	
					13. Water sample submitted:	mo./day/yı Date	_	
	- <u></u>		-		14. Well head completion: Pitless adapter	Inches above grade		
					15. Well grouted?	Bentonite Concrete		
					16. Nearest source of possible ft Direction Well disinfected upon complete	EType Septie		
					17. Pump: Manufacturer's name Model number 878.06	HP 1/3 Volts		
					Length of drop pipe	∑ ft. capacity ∠Zg.p.m	. D	
	(Use a second	sheet if needed)			Jet Centrifugal	Reciprocating Other	Sect	
18. Elevation: 19. Remarks:					20. Water well contractor's This well was drilled under n	certification: ny jurisdiction and this report	10	
Topography:					is true to the best of my knowledge and belief.			
Slope Upland					Address Hu Tch	ulla Date		
Valley	nd pink copies to the Departmen	t of Hoolth and Environment			Authorized re	Form WWC-5	3*1	

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

Form WWC-5