USE TYPEWRITER OR I POINT PEN-PRESS FII PRINT CLEARLY.	SS FIRMLY,					Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 6620	
1. Location of well:	County	Fraction		Section number		Township number Range number	
	Neno	NE 1/4 SE1/4 SWI	/4		1	T 23 S R 6 ER	
Street address of well 4. Locate with "X" i N N N N N N N S N S S S S S S S S S S S S S	n section below:	West Villa Qr.	R.R. or City, s	street: tate, zip o	20	01 N Luthiteside Hatchinspricts. 6.350/ 6. Bore hole dia. in. Completion date Well depth 32 ft. 7. Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary 8. Use: X Domestic Public supply Industry Irrigation Air conditioning Stock Lawn Oil field water Other 9. Casing: Material Height Aboy or below Threaded Welded Surface in. RMP PVC Weight LSibs./ft. Dia in. to ft. depth Wall Thickness; inches or Dia in. to ft. depth gage No	
						10. Screen: Manufacturer's name	
	10ps0;1			0	3	Type Dia Dia/gauze Length	
	Clay q	ray		3	6	Def/gauze 32 Length Set between 22 ft. and 32	
	Sand + 4	ravel		6	32	ft. andft. Gravel pack? Yes Size range of material F-5 "	
						11. Static water level: mo./day/yr. ft. below land surface Date _/- 6 - 7/6	
						12. Pumping level below land surfaces: Image: transmission of transmissin of transmission of transmission of transmission of	
						Pitless adapter Inches above grade 15. Well grouted? With: Neat cement Bentonite Concrete Depth: From ft. to ft.	2
						16. Nearest source of possible contamination: ft Direction/ Type No Well disinfected upon completion? Yes No 17. Pump: Not installed	
						Manufacturer's name <u>Valley</u> Model number <u>Slab6</u> HP <u>V3</u> Volts230 Length of drop pipe <u>20</u> ft. capacity <u>2</u> g.p.m.	
		• `				Type: Submersible Turbine	
	(Use a se	econd sheet if needed)				JetReciprocating CentrifugalOther	Sec
18. Elevation: Topography: Hill Slope Upland Valley	19. Remarks:	s.				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. Miller Matter Well Sorv. B Business name, Address Auster Son Son Signed Authorized representative	T NESESU

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