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WATER WELL RECORD KSA 82a-1201-1215 Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

County Fraction Section number Township number Range number 1. Location of well: Reno 10 S 1/4 SE 1/4 SE 1/4 23 T SR 2. Distance and direction from nearest town or city: Plant 3. Owner of well: Bornholdt 414 1508 W. R.R. or street: 1508 444 Street address of well location if in city: Hutchinson Hutch City, state, zip code: INSOM Kan 2_ in. Completion date 6. Bore hole dia. 4. Locate with "X" in section below: Sketch map: 1-30-75 Well depth 🛋 🖇 ft. Ν 12211 . 7. ___ Cable tool ___ Rotary ___ Driven 🔏 Dug ı × 100 Hollow rod ____ Jetted 🔀 Bored ____ Reverse rotary Shy NW NE H SEPTIC ı 8. Use: X Domestic ____ Public supply ____ Industry Mile w Ε ___ Irrigation ___ Air conditioning ___ Stock Sh ... 1 RHONN Lawn Oil field water Other - SW SE -9. Casing: Material Plas Height: Above or below t ł Threaded _____ Welded C/4 KiSurface 12 in RMP X _ PVC __ Weight_ _lbs./ft ς 4 14 St. Dia. _____ in. to _____ ft. depth Wall Thickness; inches or Dia. _____ in. to _____ ft. depth gage No. ______5 - 1 Mile 5. Type and color of material From То JEL 10. Screen: Manufacturer's name ____ 2 Δ Type _____RMF Dia. Slot/gauze 1/8 hole Length. 0 6 (laft Set between . ft. and ft. and ___ 9 Gravel pack? <u>NO</u> Size range of material. mo./day/yr 11. Static water level: me 9 28 <u>7</u>ft. below land surface Date 30-75 12. Pumping level below land surfaces: <u>1'/2</u> ft. after <u>hrs.</u> pumping 2. c. g.p.m. ____ ft. after __ hrs. pumping . _ g.p.m. Estimated maximum yield _ _g.p.m. mo./day/yr. 13. Water sample submitted: Yes X No Date 14. Well head completion: Pitless adapter Z Inches above grade 15. Well grouted? ¥€≶ With: X Neat cement _ **Bentonite** Concrete Depth: From ______ ft. to _____ ft. 16. Nearest source of possible contamination: Septic ft. 100 Direction S Type _ Well disinfected upon completion? X Yes X Not installed 17. Pump: Manufacturer's name Volts. HP Model number ____ Length of drop pipe _ _ ft. capacity _____g.p.m. Type: _ Turbine _ Submersible _ Jet _ Reciprocating Centrifugal Other (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: 193 Trice Hill Business name Address License No 111 Slope Signed John Daveryout Date 3-9 Authorized representative Upland _ ∨alley

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

Form WWC-5

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