USE TYPEWRITER OR BALL 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	
County	Fraction Section number		number	Township number Range number
1. Location of well: Reno	NW 1/4 SW 1/4 SW 1/4		17	T 23 S R 6 6
 Distance and direction from nearest town or city Street address of well location if in city: Hu Locate with "X" in section below: 	R.R. 0	r street:	Ŕ	iles Hartman TI Hutchinson, Ks. 67501 6. Bore hole dia. <u>10</u> in. Completion date <u>—</u> Well depth <u>62</u> ft. <u>S-31-77</u>
= W = - NW NE - NE				7Cable tool RotaryDrivenDug Hollow rodJettedBoredReverse rotary 8. Use: DomesticPublic supplyIndustry IrrigationAir conditioningStock Diffield waterOther 9. Casing: Material Material MST Height: Above or below ThreadedWeldedSurfacein. RMP PVCWeightSIbls./ft. Dia. Gin. to G24. depth!Wall Thickness: inches or
5. Type and color of material		From	To	Diain. to ft. depth gage No 10. Screen: Manufacturer's name
S.'IT Bla	κ	b	8	$\frac{P_{\mu} + p_{C}}{T_{ype} - P_{VC}} = \frac{P_{\mu} + p_{C}}{D_{ig}} = \frac{G_{\mu}}{G_{\mu}}$
Clay-yellow + white rock		8	48	Slot/gauze 52 ft. and ft.
Sand coarse		48	62	ft, andft.
				11. Static water level: mo./day/yr.
				ft.afterhrs.pumping,g.p.m. Estimated maximum yieldg.p.m. 13. Water sample submitted:no./day/yr. YesNo
				14. Well head completion: Pitless adapter 12. Inches above grade 15. Well grouted? With: Neat cement Depth: From ft.
				16. Nearest source of possible contamination: ft Direction Type Type Well disinfected upon completion? Yes No
				Manufacturer's name HP Volts Model number HP Volts Length of drop pipe ft. capacity g.p.m.
			-	SubmersibleTurbine
(Use a second sheet if needed)			Centrifugal Other	
18. Elevation: Topography: Hill Slope Upland Valley				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 LATER Well Serv. 137 Business name Address Hut the true provide the base No. Signed Authorized representative

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

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Form WWC-5