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)

	. 1 . 1 :		KSA 82a-1201-121	5			Environment-Division of Environment (Water well Contractors)		
Al	drick	/	•				To	peka, Kansas 66620	
. Location of well	1: County	rolo	Fraction 0 1/4 SV	4/4 SK/4	Section	number #	Township number	S R / 7	E/W
. Distance and di	rection from nearest town	or city:	77		ner of wel	12	terling &	allins C	7
	ell location if in city:		, ()	Lex 1	r street: state, zip	St	erling Kan	isas	
Locate with "X"	" in section below: N	·	Sketch map:		•		6. Bore hole dia. 20 ft.	in. Completion date	-75
NW	 NE						7 Cable tool 🔏 Rotal Hollow rod Jette		
w !	E E							Air conditioning S	tock
sw	- SE						9. Casing: Material Threaded Welded	Zeitseight: Above or	
1	S Mile ————————————————————————————————————						RMPPVC Dia_5_ in. to ZQ ft. d	<u>(</u> Weight <u>224</u>	
. Type and color					From	То	Dia in. to ft. d	epth gage No. 20	<u> </u>
		· ,	Clay	/	0	SO	1 '/'	Dio	
		S.	andy	Clay	10.	30	Set between 550	Length	ft.
			Jan)	50	70	Gravel pack Size	range of material	./day/yr.
·			Travel		50	10	12 ft. below land	surface Date	-75
	•	·					ft. after	_ hrs. pumping	
							Estimated maximum yield = 13. Water sample submitted		g.р.т. o./day/ут.
					ļ		Yes No 14. Well head completion:		
							Pitless adapter 15. Well grouted?	Inches above	grade
							With: Neat cement _	Bentonite to ft.	Concrete
	•						i e	Туре	'
			······································				Well disinfected upon com	pletion? Yes Not installed	No
							Manufacturer's name Model number Length of drop pipe		
				· · · · · ·			Type: Submersible	Turbir	· \
		(Use a second s	heet if needed)				Jet Centrifugal	Recip	rocating S
8. Elevatian:	19. Remarks:						20. Water well contractor This well was drilled under		is report
Тородгарһу:							is true to the best of my kn	etu Wed	<i>143</i> \$
Slape		,					Address Age	Band Ko	cense No.
Uplond Valley							Signed Authorized	representative Date	120
ward the white.	blue and pink copies to	he Department	of Health and Enviro	onment				Form W	₩C- 5

MI-1023