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 Controctors) Topeka, Konsas 66620

	T	· I				Γ_			T	 1
1. Location of well:	County	ounty Fraction				Section	number	Township number	Range number	
Localion of well:	Edin	udo	1/4	1/4 C	1/4		8	1 24 s	R 18	E/W
Street address of we	ection from nearest tow	in or city: 1/2 W	, Lew	لع	R.R. or	street:	W	B. Adams St. Highwo Brden Otif	450 45.678	46
4. Locate with "X"	in section below:	S	ketch map:				-	6. Bore hole dia. in Well depth ft. 7 Cable tool X Rotary	Completion date	2
NW	NE E	O						B. Use: Domestic Po	BoredReversely Bored Indicates the supply Indicates the supply Indicates the supply Indicates Of Indicates Indic	ock ther ther inlbs./ft.
5. Type and color o	f material					From	To	Dio in. to ft. dep	th gage No	
Yop	svil					0	2	Type Manufacturer's r	Dia.	
Clar	<u> </u>					2	.3	Slot/geuse 3/CB Set between 3	ft. and	ft.
Sah	d i gra	wel				3	23	Gravel pack? Size ra		7 78°
Beog	on ch	ref_				23	58	11. Static water level:ft. below land sur	/ つー	/day/yr.
San	al roc					38	60	12. Pumping level below land 20 ft. after ft. after Estimated maximum yield	surfoces: nrs. pumping <i>20</i> 0	g.p.m.
				<u>-</u>				13. Water sample submitted:	Date 11-22	-g.p.m. /day/yr.
					·			14. Well head completion:Pitless adapter	Inches above g	grade
								15. Well grouted?		Concrete
								16. Nearest source of possible ft. Direction Well disinfected upon comple	Type-	No Y
								17. Pump: Manufacturer's name	Not installed	
								Model number Length of drop pipe Type:	HP Volt	
		(Use a second she	net if needed)					Submersible Jet Centrifugal	Turbine Reciprod Other	cating s
8. Elevation:	19. Remarks:					·		20. Water well contractor's of This well was drilled under my is true to the best of my know	ertification: / jurisdiction and this	report
Topography: Hill Slope								Business name, Noct Co	Penis 15	nse No. 5
Upland Valley								Signed Authorized rep	esentative Dark	2//-27

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

Form WWC-5