WATER WELL RECORD KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

County Fraction		
1 Landing of wall	Section number	Township number Range number
1. Location of Well: Hamilton NW 1/4 NW 1/4 SE 1/4	8	1 24 s R 40 EM
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		tenyy Wells
	or street:	SuracuseKs
4. Locate with "X" in section below: Sketch map: A	`	6. Bore hole diain. Completion date
X well " Prai	17990	Well depth 310 ft.
	1	7 Cable tool X Rotary Driven Dug
NW NE	l -	Hollow rod Jetted Bored Reverse rotary
w I w J	E	8. Use: X Domestic Public supply Industry Irrigation Air conditioning Stock
		Lawn Oil field water Other
		9. Casing: Material MAP Height: Above or below
Thouse DBa	- 17	Threaded Welded 9/versurface 94 in. RMP PVC Weight Ibs./ft.
1 Mile ————————————————————————————————————	·/	Dia. 5 in. to-3/0 ft. depth Wall Thickness: inches or
5. Type and color of material	From To	Diain. toft. depth gage No
CI_{2M}	7 17	10. Screen: Manufacturer's name 10.5500 owell
	020	Type Styrene Dia. 5" Claygauze Lib Length 50
Grave!	20 40	Set between 180 ft. and 200 ft.
Shale	40 160	ft. and 3/0 ft. Gravel pack? 1/2 Size range of material 1/2
D- V +- 1		
Pakota clay	160 180	111 ft. below land surface Date 3-29-76
Shale & Sandstone	180 310	
		150 ft. after hrs. pumping 50 g.p.m gr.m g.p.m.
		Estimated maximum yieldg.p.m.
		13. Water sample submitted: mo./day/yr. Yes No Date
		14. Well head completion:
		Pitless adapter Inches above grade
		15. Well grouted? Vas With: Next cement Bentonite Concrete
	 	Depth: From ## ft. to ft.
		16. Negrest source of possible contamination: ft. 3 Direction 5 Type DOWS &
		Well disinfected upon completion? Yes No
		17. Pump: Not installed
		Manufacturer's name HP Volts
		Length of drop pipe ft. capacityg.p.m.
		Type: Turbine
	 	Jet Reciprocating
(Use a second sheet if needed)		Centrifugal Other
18. Elevation: 19. Remarks: Concrete slab to be installed	•	20. Water well contractor's certification: This well was drilled under my jurisdiction and this report
by customer at surface of graou	pad.	is true to the best of my knowledge and belief.
Topography: Hill He knows this is a regulation.	•	Business name License No.
Slope		Address A 3 4 B 136
UplandValley		Signed Authorized representative Date Date
forward the white, blue and pink copies to the Department of Health and Environment		Form WWC &