USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY,					T R EW sec 1/4 1/4 1/4 No.
PRINT CLEARLY.	WATER WELL RECORD KSA 82a-1201-1215			Kansas State Dept. Of Health (Water Well Contractors) Forbes–Bldg. 740 Topeka, Kansas 66620	
1 Location of well: Reno	Yoder Su	ction VSE SW	Sectio	7 n number	Town number T245 Range number R5W
Distance and direction from nearest town or cit Street address of well location if in city:	"SmS 14 E lutchinson,	3 Owne		B, Rt	2 Hutchinsonths
Locate with "X" in section below:	Sketch map:				4 Well depth: ft. Date of completion Well diameter in. 12-17-74
					5 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary
W E					6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial Test well X
					7 Casing: Materia Direct He light: <u>Chore</u> below Threaded Welded USurface <u>72</u> in. Diagn. Worth 200 lbs./ft
2 Typ	e and color of material		From	To	▲ in. to 34 ft. depth Drive shoe? Yes No Yes No 8 Screen:
Black Topsoil),' <i>[</i>	0	Ż	Manufacturer <u>Sun Flower</u> Type <u>Plastic</u> Dia. <u>6</u> Stoy gauze <u>3/32</u> Length <u>10</u>
Sand			<u>2</u> 18	/0 22	Set between 26 ft. and 36 ft Fittings: 1/32 - 1/4 Gravel pack Yes No Size range of material
Yellow	elay		52	26	9 Static water level: 23 ft. below land surface Date/2-17-74
- Fine S	and		26.	36	10 Pumping level below land surfaces: ft. after hrs. pumpingg.p.m. ft. after hrs. pumping g.p.m.
					Estimated maximum yield g.p.m. 11 Water sample submitted: Yes Mo Date
					12 Well head completion: Pitless adapter Inches above grade 13 Well grouted? Yes No
					Depth: From 4 ft. to 4 ft.
					14 Nearest source of possible contamination: Lagoon ft Direction Type Well disinfected upon completion? Yes No
					15 Pump: X Not installed Manufacturer's name HP Volts
					Length of drop pipe ft. capacity g.m.p. Type: Submersible Turbine
(use	a second sheet if needed)				Jet Reciprocating Certrifugal Other
Topography: UHII Slope	W:11 compi	late We	[] H	ead	Miller Waler Well 137 Business name Address Harchinson (s
Upland Valley					Signed Authorized representative /2 - 17 - 74

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Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

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