SE TYPEWRITER OR OINT PEN-PRESS FI RINT CLEARLY.		WATER WELL RECC KSA 82a-1201-12			Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620
	County	Fraction	Section number	Township number	Range number
. Location of well:	RENO	5E1/4 SE1/4 SE1/4	8	1 24 B KH CG	s r 5 e.C
. Distance and dire	ction from nearest town or city:		wner of well: BC		is
treet address of wel	l location if in city:	roder KS City,	or street: R	=2 4utch, 1e5 6	75-01
• Locate with "X" N	in section below:	Sketch map:		6. Bore hole dia10 Well depth _ <b>8.2</b> f	_ in. Completion date
W SW		House the		7 Cable tool X Ro Hollow rod Je 8. Use: Domestic Irrigation X Lawn 9. Casing: Material P	tary Driven Dug tted Bored Reverse rotary Public supply Industry X Air conditioning Stock Oil field water Other LST Height: Above or below
		5°eph C		Threaded Welded       RMP PVC       Dig     in to 82 ft	Surface <b>1 .</b> Weight <b>.3 • 5 8</b> lbs./ft. depth Wall Thickness: inches or
i. Type and color of			From To	Dia in. to ft. 10. Screen: Manufacture	depth gage No
B	r CLay		0 55		
F	-C Sand	1	55 85	Set between62	Length ft.
					fa med
				11. Static water level: 58 ft. below lan	mo./day/yr. d surface Date <u>10-4-79</u>
				12, Pumping level below 63 ft. after	hrs. pumping g.p.m.
				Estimated maximum yield	<u>н ЦО</u> д.р.т.
				13. Water sample submit	Date
				14. Well head completic Pitless adapter 15. Well grouted?	Inches above grade
				With: X Neat cement	
				16. Negrest source of po ft Direction	ssible contamination:
	and a second			Well disinfected upon co 17. Pump:	ompletion? <u> </u>
				Manufacturer's name Model number	
				Length of drop pipe Type: Submersible	ft. capacityg.p.m.
(Use a second sheet if needed)				Jet Centrifugal	Reciprocating Other
8. Elevation: opography:	19. Remarks:			20. Water well contract This well was drilled und is true to the best of my M://er Wat	der my jurisdiction and this report
Hill Slope Upland				Business name Address Histc	h., Ks License No.
Valley				Signed Authorize	d representative

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

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