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) Topeka, Kansas 66620		
1. Location of well: RENO SE 1/4 SE 1/4 SE		Section number		Township number	Range number	E	
2. Distance and direction from nearest town or city		Owner of wel	· B0	B Kurr			
Street address of well location if in city: $\mathcal{Y}_{\mathfrak{I}}$	R.R	. or street:	Rt	2		4	
4. Locate with "X" in section below:	Sketch map:	y, state, zip	code:	6. Bore hole dia.	ON KS 6 2 in. Completion date - ft	750	
	*						
₩ NW NE	TRIDE			Hollow rod J 8. Use: Domestic Irrigation Lawn		erse rotary ndustry tock Dther	
				9. Casing: Material Threaded Welded		in.	
S 1 Mile				RMP PVC Dig. 6 in. to 78	Weight 3.5		
5. Type and color of material		From	То	Dia in. to f	t. depth gage No	8	
Brclay		0	45		mpco		
	V V			Type			
gray Br Cia	-	45	62	Set between	6 ft_ and 7.8	ft.	
Sand + grav	<u>er</u>	62	78	Gravel pack? Kess		./day/yr.	
Br clay		78	82	58_ft. below lo	and surface Date 10-	4-79	
				12, Pumping level belo		_ g.p.m.	
				Estimated maximum yie		g.p.m.	
				13. Water sample subm Yes X N	itted: mo	o./day/yr.	
· · · · · · · · · · · · · · · · · · ·				14. Well head completi			
				VI. Well grouted?	Inches above	,	
				With: X Neat, cemer	nt Bentonite ft. to _ 5 ft.	Concrete	
					possible contamination:		
				ft Direction Well disinfected upon	completion?Yes	<u>No</u>	
	•	_		17. Pump: Manufacturer's name _	AEP not installed	ا ا [®]	
				Model number 50	1.5 91	11: 9.30	
	······································			Length of drop pipe Type:	20 ft. capacity 3	g.p.m.	
				X Submersible Jet	Turbir Recip	ne rocating	
(Use a second sheet if needed)				Centrifugal	Other	Sec	
18. Elevation: Topography: Hill Slope Upland Valley				is true to the best of my Miller Wall Business name Address Signed	nder my jurisdiction and thi knowledge and belief. Er Well 3	is report 2.2 ↓ ↓ cense No. ↓ ↓ ↓ ↓	

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

Form WWC-5

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