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

	Grunt	Franking.		c		T	Parana much		
1. Location of well:	County	Fraction		Section number		Township number	Range number		
	Reno	NE1/4 NE1/4 N						E	
					Ar	ndy Bontrage	er		
K.K. OF				or street: , state, zip code: Yeder, KS 67585					
4. Locate with "X" in section below: Sketch map:				6. Bore hole dia. <u>10</u> in. Completion date Well depth <u>55</u> ft. <u>10~27-78</u>					
	N NE NE SE SE SE SE	eptic sort				 Cable tool X Rotary Hollow rod Jetted Use: Domestic P Irrigation A Lawn C Casing: Material PLS Threaded Welded 	Driven Bored ublic supply ir conditioning il field water Height: Abov Surface	Dug Reverse rotary _ Industry _ Stock _ Other or below &2in.	
	S Aile	-				RMP PVC Dia. 6_ in. to 55 ft. dep	oth Wall Thicknes	s: inches or	
5. Type and color c	f material			From	To	Dia in. to ft. dep 10. Screen: Manufacturer's		00	
Fill	clay - Bro	wn		0	R	Sunflow Type RMP	Dig:6		
B/a	LK Top Soil			2	4		_ft. and	 ft.	
Bro	un Clay			4	38	Gravel pack? Les Size ro		<u> =- '/2</u> ^{ft.}	
	C. Sand			38	55	11. Static water level:	rface Date	mo./day/yr. 0-27-75	
Rei	l Shale			55	58	12. Pumping level below lan 12. Pumping level below lan ft. after 13. Water sample submitted: Yes No 14. Well head completion:	hrs. pumping hrs. pumping 30		
						15. Well grouted? 15. With: X Neat cement Depth: From ft. to	ft.	Concrete	
						16. Nearest source of possible ft Direction Well disinfected upon compl		s No	
						17. Pump: Manufacturer's name <u>Va</u> Model number <u>SI208</u> Length of drop pipe <u>KS</u> Type: <u>K</u> Submersible	HP ft. capacity	Volts 230	
	() iso a coa	cond sheet if needed)		1		Jet Centrifugal	Re-	ciprocating	
18. Elevation: Topography: Hill Slope	19. Remarks:	ono sneet ir needed)		. I	I	20. Water well contractor's This well was drilled under m is true to the best of my know <u>Miller Wate</u> Business name Address <u>Hutchin</u> Signed <u>Chuthorized rep</u>	certification: ny jurisdiction and wledge and belief. er Well uson, Ka	l this report	

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

Form WWC**-5**

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