## WATER WELL RECORD KSA 82a-1201-1215

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

ocation of well: County  County  Fraction  SU1/4 SU1/4 JUB/4		Section number		Township number	Range number	
Distance and direction from nearest town or city:	3. Ow	ner of wel	<u> </u>	wrence	Jonagon	**
eet address of well location of in city: Ingall		i sireer;			1	
	etch map:	tate, zip	code:	6. Bore hole dia 9 74	KS. C7853	$\dashv$
N				Well depth	4-13-10	
					tary Driven Dug	
NW   NE	Ylmal			Hollow rod Je 8. Use: Domestic _		**
* * * * * Xsua	to som!	(wel	0	Irrigation _	Air conditioning Stock	
SW SE	300	,,,,	•	9. Casing: Material	_ Oil field water Other  Height: Above a below	$\dashv$
				Threaded Welded	Surface	in.
S				Dia. in. to ft	Weightlbs./	"
. Type and color of material		From	<b>√</b> ¹%	Dia in. to ft.  10. Screen: Manufacture		-
7.55		10	37	10. Screen: Manuacron	صفا	
5.0		37	72	Slot/goze	Dia	
time to pred	md	70	10	Set between 205	ft. and 235	ft.
Sendy du	<del>1</del>	B	90	Gravel pack?Si:	ze range of material	0
Tie & med	sed fains	190	40	Static water level:	d surface Date	M
Herd Rank		m	171	12. Pumping level below		7
~ ~	and day	رود	100	ft. after	hrs. pumpingg.p.n hrs. pumpingg.p.n	- 1
The state of the s	sons agrend	///	183	Estimated maximum yield		
- Sendy cla	<del>1</del> /	05	zas	13. Water sample submit		yr .
Ji D' med	sed.	205	2/0	14. Well head completion	n: 10	
Boom do	a.V	210	220	Pitless adapter 15. Well grouted?	Inches above grade	$\dashv$
Tinglemen		20	230	With Neat cement		te
1,000				Depth: Fromft  16. Nearest source of po		$\pm$
				ft. 300 Direction	_WType	4
WANGE TO THE COLUMN TO THE COL		-		Well disinfected upon co		No
				Manufacturer's name  Model number	Pupped  Not installed  Voltage  Voltage	
				Length of drop pipe	oft. capacity 350.p.m	
				Type: Submersible	Turbine	
(Use a second she	at if peopled)			Jet Centrifugal	Reciprocating	
3. Elevation: 19. Remarks:	51 11 112CUGU)	L		20. Water well contract	Other	
				This well was drilled und	er my jurisdiction and this report	
opography:				is true to the best of my	knowledge angletief.	_
Hill Slope				Business name Address	License No	٥.
Upland				Signed ned	Date Z	
Valley ward the white, blue and pink copies to the Department of				Authorize	representative 31	Ш