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

Jackson			Topeka, Kansas 66620
1. Location of well: Fratt	C 5 5 5W	Section number	Township number Range number R 265 S R 13 W E/W
2. Distance and direction from nearest town or city:		wner of well: X	Plan Drilling Co
Street address of well location if in city: 3	X M. V.	or street: state, zip code:	chita Kansas.
4. Locate with "X" in section below:	Sketch map:		6. Bore hole dia. ————————————————————————————————————
			7 Cable tool
W			8. Use: Domestic Public supply Industry Irrigation Air conditioning Stock Lawn X Oil field water Other
SW X SE			9. Casing: Material Landing Surfacein.
S 1 Mile		Fran   To	RMP PVC Weight I bs./ft.  Dia. 4 in. to 5t. depth Wall Thickness; inches or  Dia. in. to ft. depth gage No. 200
5. Type and color of material	<i>a0</i>	From To	10. Screen: Manufacturer's name
	1 Clay	0 10	Type Dia
	Jandy Clay	10 60	Set betweenft. andft.
	Grand	80 104	Gravel pack2 Size range of material
		·	12. Pumping level below land surfaces:
			ft. after hrs. pumping g.p.m ft. after hrs. pumping g.p.m.  Estimated maximum yield g.p.m.
			13. Water sample submitted: mo./day/yr.  Yes Yo No Date
			14. Well head completion: Pitless adapter Inches above grade
			15. Well grouted?   Yes
			16. Nearest source of possible contamination: ft Direction Type
		<u> </u>	Well disinfected upon completion? Yes No
			Manufacturer's name HP Volts
			Length of drop pipe ft. capacityg.p.m. Type:
film a seco	and sheet if needed)		Submersible Turbine Reciprocating Centrifugal Other
18. Elevation: 19. Remarks:			20. Water well contractor's certification: This well was drilled under my jurisdiction and this report
Topography:			is true to the best of my knowledge and belief
Hill Slope		•	Busines name License No. Address Sand Dicense No.
Upland Valley			Signed Pelanes QMMM Date 12-14-73
orward the white, blue and pink copies to the Departm	nent of Health and Environment		Form WWC-5