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: D + ZoT 1-9 B/	K/7 Section number	Township number Range number
2. Distance and direction from newest town or city:	3. Owner of well:	EMMA CARR
Bueles Dansax	R.R. or street:	MMA CARR
Street address of well location if in city:	City, state, zip code:	Byers Kansus
4. Locate with "X" in section below: Sketch map:		6. Bore hole dia in . Completion date
N N		Well depth Oft.
		7Cable tool A Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary
		8. Use: X Domestic Public supply Industry
W T E		Irrigation Air conditioning Stock
SW SE		Lawn Oil field water Other 9. Casing: Material Dight: Aboy or below
<u> </u>		Threaded Welded iSurface in.
S		RMP
5. Type and color of material	From To	Dia Sin. to Oft. depth Wall Thickness: inches or Diain. to ft. depth gage No
3. Type did color of indicator	i Tom 16	10. Screen: Manufacturer's name
TO P.Sail	04	Sumprower Trastics
RIM I M.	1/10	Type Dia
DI. Gambo Clay	76	Set betweenft. andft.
GRay " "	620	ft. andft. Gravel pack? X Size range of material X 3 4
Tallolan	2037	11. Static water level: mo./day/yr.
Jan vag	20.30	ft. below land surface Date 7-2-19
- Land	22 77	12 Pumping level below land surfaces: 17. after hrs. pumping
Tan Way	4458	ft. after hrs. pumping g.p.m.
V. II. al.	5011	Estimated maximum yieldg.p.m.
1000 May	7091	13. Water sample submitted: mo./day/yr. Yes No Date
GRave /	6/80	14. Well head completion:
		Pitless adapter Inches above grade
		15. Well grouted? Bentonite Concrete
		Depth: From 4 ft. to 14 ft.
		16. See source of possible contamination Type 7/16
		Well disinfected upon completion? X Yes No
		17. Pump: Not installed
		Manufacturer's name Model number Model number
		Length of drop pipe ft. capacityg.p.m.
		Type: Submersible Turbine
		Jet Reciprocating
(Use a second sheet if needed)		Centrifugal Other
18. Elevation: 19. Remarks:		20. Water well contractor's certification: This well was drilled under my jurisdiction and this report
	~	is true to the best of my knowledge and belief.
Topography:	C.	Busined name
Slope		OB BOMENE GACENSpure I's
Valley		Signed Authorized reputentative Date
Forward the white house and pink copies to the Department of Health and Equivariant		Form WAVC 5