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)

Staber # Port	1201-1215	3	3	(Water well Contractors) Topeka, Kansas 66620 14 w
1. Location of well: County Sw S	w s	ection	number	Township-number Range number
1/4 1/4	1/4	7	3	TOS S R 14W ED
2. Distance and direction from nearest town or city: 3 Suptil	R.R. or str		: D	chita Kansas
Street address of well location if in city:	City, state	e, zip d	code:	01
4. Locate with "X" in section below: N				6. Bore hole dia. 20 in. Completion date. Well depth 25 ft.
f []				7 Cable tool
				Hollow rod Jetted Bored Reverse rotary
<u>*</u> ₩				8. Use: Domestic Public supply Industry Irrigation Air conditioning Stock
- i i - SE				Lawn Oil field water Other
				9. Casing: Mater Height: Above or below Threaded Welded Surface in.
S 1 Mile				RMPPVCWeight_287.3s./ft. Diain. toft. depth!Wall Thickness: inches or
5. Type and color of material		From	То	Diain. to ft. depth gage No. 200
00				10. Screep Manufacturer's name
(Kay		0	20	Type Dia. 3
Santy Clay		20	40	Slot/gauze 8 Length 20 Set between 20 ft. and 90 ft.
Jana J	1	40	70	Gravel pack?
Grand		70	90	11. Static water level: mo./day/yr.
- Canal				24 ft. below land surface Date /-//-/8 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 Y No Date
				14. Well head completion: Pitless adapter Inches above grade
				15. Well grouted? Bentonite Concrete
	-			Depth: From
				16. Nearest source of possible contamination: ft Direction Type
				Well disinfected upon completion? Yes No
				17. Pump: X Not installed Manufacturer's name
				Model number HP Volts
				Length of drop pipe ft. capacityg.p.m. Type:
				Submersible Turbine 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
Tanamanhu				is true to the best of my knowledge and belief.
Topography:Hill				Business name Ligense No.
Slope				Address Address
Upland Valley				Signed Authorised representative Date
Forward the white, blue and pink copies to the Department of Health and Environment				Form WAVE 5