| USE TYPEWRITER OR BALL  |
|-------------------------|
| POINT PEN-PRESS FIRMLY, |
| DDINIT CLEADIV          |

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

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

| KSA 82  | Well RECORD<br>2a-1201-1215                                |   | Environment-Division of Environment (Water well Contractors) |
|---|--|---|--|
| Joung   |  |   | Topeka, Konsas 66620   |
| Location of well: Columns to SW 1/4 1/4   | VE Section number  | T 265                                       | S R T W E/W  |
| Distance and direction from nearest town or city://3 South treet address of well location if in city: | 3. Owner of well:  R.R. or street:  City, stote, zip code: | teling Dr                                   | illing Co  |
| L. Locate with "X" in section below: Sketch map:  | 1 - 7, 7 - 7   | 6. Bore hole dia. Well depth                | in. Completion date  2 -2 0 - 76                             |
|   |  |   | otary Driven Dug   |
| W NE  |  | 8. Use: Domestic _                          |  |
| SW SE   |  | Lawn  | Oil field water Other  |
| S   |  | Threaded Welded .                           | Y Surface 12 in. Weight 22 4 NG. (A).                        |
| . Type and color of material  | From To  |   | , depth Wall Thickness; inches or<br>depth gage No. 200      |
| Cla   | eu 0 20  | 10. Screen: Manufactur                      | Plaster  |
| Sán   | 1 20 4   | Type  | Dia  |
| Grave   | 40 6   | Gravel pack?                                | ft. andft.   |
|   |  | 11. Static water level:ft. below lan        | nd surface Date 2-20-7                                       |
|   |  | 12. Pumping level below                     | hrs. pumping g.p.m.  |
|   |  | Estimated maximum yield                     | g.p.m.   |
|   |  | Yes Y No                                    | Date   |
|   |  | Pitless adapter  15. Well grouted?          | Inches above grade   |
|   |  | With: Neat cement                           | Bentonite Concrete   |
|   |  | 16. Nearest source of po                    |  |
|   |  | Well disinfected upon co                    | mpletion? Yes No   |
| ,   |  |   | HP Volts   |
|   |  | Length of drop pipe<br>Type:<br>Submersible | ft. capacityg.p.m.   |
| (Use a second sheet if needed)  |  | Jet<br>Centri fugal                         | Reciprocating Other  |
| 3. Elevation: 19. Remarks:  |  |   | ler my jurisdiction and this report                          |
| opography:  | e.   | is true to the best of my  Business name    | knowledge and belief.  |
| Slope<br>Upland   |  | Address Signed                              | amuer 2-20   |
| Valley  ward the white, blue and pink capies to the Department of Health and Environment              |  | Authorize                                   | representative   |