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

newsome #1				(Water well Contractors) Topeka, Kansas 66620
Location of well:	FX15 5W SE	Section	n number	Township number T 26 S R R E/W
Distance and direction from negrest town or city	South 1 3.00	vner of we	ich vert	Bendy Drillenge
Locate with "X" in section below:	Sketch map:	state, zip	code:	6. Bore hole dia in. Completion date
N	sketch map.			Well depth 60ft. 3-25-77
				7 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary
V				8. Use: Domestic Public supply Industry Irrigation Air conditioning Stock Lawn Oil field water Other
sw × =				9. Casing: Materal Law Height: Chove or below Threaded Welded ISurface in.
S 1 Mile ————————————————————————————————————				RMPPVCWeight_287bs./ft. Dia-5_in. to 6_0 ft. depth Wall Thickness; inches or
ype and color of material		From	То	Dia in. to ft. depth gage No. 2.05
	CO.	0	10	10. Screen Manufacturer's name
	S. O.	10	40	Type Dia. Slot gauze Length 90
/	Gand	40	60	Set betweenft. ondft.
	Many	10		Gravel pack? Size range of material 5.  11. Static water level: mo./day/yr.
				12. Pumping level below land surfaces:
				ft. after hrs. pumping g.p.m ft. after hrs. pumping g.p.m.
				Estimated maximum yieldg.p.m.
				13. Water sample submitted: mo./day/yr.  Yes No Date
		<u> </u>		14. Well head completion: Pitless adapter Inches above grade
,				15. Well grouted? Bentonite Concrete  With: Neat cement Bentonite Concrete  Depth: From ft. to
				16. Nearest source of possible contamination: ft Direction Type
		<b>-</b>		Well disinfected upon completion? Yes No
		ļ		17. Pump: Nat installed Manufacturer's name
				Madel number HP Volts Length of drop pipe ft. capacityg.p.m.
				Type: Submersible Turbine
(Use a secon	d sheet if needed)			Jet Reciprocating Centrifugal Other 6
Elevation: 19. Remorks:				20. Water well contractor's certification: This well was drilled under my jurisdiction and this report
ography:			_	is true to the best of my knowledge and belief.
_ Hill _ Slope			. 1	Business name Busines No.  Address Bern License No.
Upland Valley				Signed Authorized representative
	nt of Health and Environment			Authorized representative  Form WWC-5