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)

Carun #1	K5A 82a-	-1201-1215				(Water well Contractors) Topeka, Kansas 66620
County _	Fraction	Fraction Sect			Township number	Range number
1. Location of well: Craff	1: Orall NW4 NW45W/4 24		4	, 215	S R 12 W E/W	
2. Distance and direction from nearest town or city:	prest	3. Owne		1: <i>D</i>	- & Lan	ck
Street address of well location if in city:	Cano	R.R. or street: City, state, zip code:				Yansas,
4. Locate with "X" in section below: N	Sketch map:				6. Bore hole dia. Well depth	in. Completion date
					,	otary Driven Dug etted Bored Reverse rotary
W E						Public supply Industry Air conditioning Stock
sw se						Oil field water Other
<u> </u>					RMPPVC	Y
1 Mile — → 1 5. Type and color of material	30 AV 1-10 AV 10-10 A		From	То	Dia in. to ft	depth Wall Thickness; inches or depth gage No. 200
1.00 100 100 100 100 100 100 100 100 100	1 Oas		0	10	10. Screen: Manufactur	made
	Sandal	4	10	40	Slot/gauze	Dia
	Sand -	Ĵ	HO	55	- 4,5	ft. andft.
	Gravel		55	75	11. Static water level:	nd surface Date 8-30-77
					12. Pumping level below	w land surfaces:
						hrs. pumping g.p.m.
					Estimated maximum yield	
					13. Water sample submit	
					Yes No	
					14. Well head completion Pitless adapter	on: Inches above grade
					15. Well grouted? With: Neat cement Depth: From fi	t Bentonite Concrete
					16. Nearest source of po	ossible contamination:
					ft Direction Well disinfected upon co	n Type ompletion? Yes No
					17. Pump: Manufacturer's name	Not installed 20
					Model number	HP Volts ft. capacity g.p.m.
					Type: Submersible	Turbine
	44-45-15				Jet	Reciprocating
18. Elevation: 19. Remarks:	d sheet if needed)			L	Centrifugal 20. Water well contract	Other or's certification:
						der my jurisdiction and this report
Topography:					Muni	knowledge and belief.
✓ Hill Slope					Business name Address	nd Ko 143°
Upland Valley					Signed Authorize	d representative

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5