WATER WELL RECORD KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

	County	County Fraction		Section number		Township number	Range number	
1. Location of well:	1 '	1/4 C 1/4 NW 1/4		13		_T 27 _s	R 17 E/W	
2. Distance and direction from nearest town or city: 5. N 33/4 W 1/45 from Haviland Street address of well location if in city:			3. Owner of well: D.W. Johnson R.R. or street:					
City, store, zip code: H					aviland, Ks.			
4. Locate with "X" in section below: Sketch map:						6. Bore hole dia. 9 in. Completion date		
 						7 Cable tool X Rotary Driven Dug		
NE						8. Use: Domestic Public supply Industry X Irrigation Air conditioning Stock		
								- "
	SE					9. Casing: Material Stoc	Height: Above or below	
<u>! </u>	<u></u>					Threaded Welded _X	ISurface1in. WeightIbs./ft.	
1 N						Dia16_ in. to174 ft. dep	h Wall Thickness: inches or	
5. Type and color of material				From	То	Diain. toft. dept 10. Screen: Manufacturer's n		
Man Cail Candy				0	4	Doerrs		
Top Soil Sandy				<u> </u>	6	Gravel pack? X Size range of material 12 3/43/K		
Brown Clay				4				
Gray Clay				6	10			
Black Clay				10	16			
Gray Clay				16	26	ft. below land sur		
Sand and Gravel				2 6	86	ft. after hrs. pumping \$00 g.p.m hrs. pumping g.p.m.		
/ White, brown Clay				86	98	13. Water sample submitted:	mo./day/yr.	
Sand and Gravel				98	171	Yes X No	Date	
Brown Clay				171		Pitless adapter	Inches above grade	
						15. Well grouted? X	Bentonite X Concrete	
						Depth: From ft. to		
						16. Negrest source of possible	contamination:	
						Well disinfected upon comple		
						17. Pump: W.T.	Not installed	
				1		Manufacturer's name WeLe Madel number 5 CHC 1	2 HP	
						l _	_ ft. capacity1000g.p.m.	
						Type: Submersible	X Turbine	
		1				Jet	Reciprocating	
19 Elauri	(Use a second :	heet if needed)		.L	<u> </u>	Centrifugal 20. Water well contractor's	Other	
18. Elevation:	17. Kernara:					This well was drilled under m	i	
Topography:						is true to the best of my know Rosencrantz-Be		
iopography:						Business name	License No.	
Slope	·					Address Great Ber	nd Ks 67530	
_X_Upland						Signed 4 Medica () Authorized rep	resentative Date H/2V	