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)
Topeka, Kansas 66620

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8. User Dosestic Abilit supply Industry Koning Material Control Stack Lann Other	[- T							se rotary
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14. Well head completion: Pittless adapter Inches above grade	-m	edium C	surse Sand		78	116			/day/yr.
Pitless adopter Inches above grade (15. Well grouted? With: Neat cement Bentonite Concrete Wepth; From ft. to ft. 16. Negrest source of possible contamination: ft. J20. Direction F Type Zasus Well disinfacted upon completion? Yes No Worden number HP Volts Length of drop pipe ft. capacity g.p.m. Type: Submersible Turbine Jet Reciprocating Centrifugal Other 19. Remarks: 19. Remarks: 19. Remarks: Topography: Hill Slope Multiplied Address of Signed Address of Signed Address of Signed Address of Signed Authorized registerative Signed Address of Signed Address of Signed Authorized registerative	,	,	4 .					Date	
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ft. 320 Direction Type Total Well disinfected upon completion? Yes No		·	A/M*						
Well disinfected upon completion? Yes No V. Pump: Manufacturer's name Model number HIP Volts Length of drop pipe ft. capacity g.p.m. Type: Submersible Turbine Jet Reciprocating Centrifugal Other 19. Remarks: 19. Remarks: Topography: Hill Slope Mulpland Valley Well disinfected upon completion? Yes No Not installed Manufacturer's name Model number HIP Volts Length of drop pipe ft. capacity g.p.m. Type: 20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Signed Address OS No. Authorized representative							16. Negrest source of possible ft. 1320 Direction	le contamination:	m 5 trad
Manufacturer's name Model number Length of drop pipe ft. capacity g.p.m. Type: Submersible Turbine Reciprocating Centrifugal Other 18. Elevation: 19. Remarks: 20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. License No. Address							Well disinfected upon comp		No
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