WATER WELL RECORD KSA 82a-1201-1215

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

1 1 t . U	County	Fraction	Fraction 1/4 C 1/45E 1/4		number	Township number	Range number		
l. Location of well:	Kiowa	1/4 C 1/45			3/	₁ 28 s			
4s-w of Haviland, Ks. Street address of well location if in city:					Larry Harts				
4. Locate with "X" in section below: Sketch map:						6. Bore hole dia. 29 in Well depth 185t.	7-13-	76	
W E						7 Cable tool _X Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary			
W	E					Lawn O	ir conditioning Sto il field water Ot	ck her	
7						9. Casing: Material — Steet Threaded — Welded — X RMP — PVC —	ISurface1 Q	in.	
ı⊸— l Mile ——ы						Dia.16 in. ta 185; depth Wall Thickness: inches or Dia in. to ft. depth gage No7			
5. Type and color of material			From	То	10. Screen: Manufacturer's name				
Sandy top soil			0	2	Type steel Dia. 16				
Brown clay			2	18	Slot/gikze				
Brown clay with sand			18	21	Gravel pack? X Size ra	andnge of material	<u>3/4-</u> 3,		
Sandand gravel				21	65	11. Static water level: mo./day/yr			
Sand and gravel with clay			65	171	12. Pumping level below land surfaces:69 ft. after1 hrs. pumping 1000g.p.m.				
Sand and gravel clay & white rock			171	185	ft. after hrs. pumping g.p.m. Estimated maximum yield g.p.m.				
Shale				185		13. Water sample submitted: mo./day/yrYes No			
						14. Well head completion:	Date _6_10-76		
						Pitless adapter	Inches above g	rade	
						15. Well grouted? With:X_ Neat cement Depth: From ft. to	Bentonite C ft.	oncrete _	
						16. Nearest source of possible ft. Direction	e contamination:	mstec	
				<u> </u>		Well disinfected upon completion? Yes No 17. Pump: Manufacturer's name Jacuzzi			
						Model number <u>4-121</u> Length of drop pipe 110	_8 HP <u> 80 </u> Volt)_ ft. capacity 800		
						Type: Submersible	Turbine		
	(Use a s	second sheet if needed)				Jet Centrifugal	Reciprod	ating 6	
8. Elevation:	19. Remarks:		·			20. Water well contractor's of This well was drilled under m		report	
「opography:						is true to the best of my know	ledge and belief.	134	
X Hill						Rosencrant Business name Great Be		nse No.	
Slope Upland						Vanes Kiloon	E LAG	207	
Valley		artment of Health and Environment				Authorized rep	Form WW	<u> </u>	