WATER WELL RECORD KSA 82a-1201-1215

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

1. Location of well:	K10 wa	Fraction NW1/NW 1/SW 1/	Sectio	number	Township number	Range nymber	$\widetilde{\mathbb{A}}$
2. Distance and dire	tion from negrest town or city:	R	. Owner of we .R. or street: ity, state, zip		Greens	idel buretans	
4. Locate with "X" i		Sketch map:		1.	6. Bore hole dia. Well depth ft.	. Completion date	_
!' ,	NE				14	Bored Reverse rol	tary
SW	1 E				LawnC	ir conditioning Stock til field water Other	
	1				Threaded Welded PVC PVC	!Weightlbs.,	
1 ← 1 M 5. Type ond color of			From	То	Dia in. to ft. dep Dia in. to ft. dep	oth Woll Thickness: inches o	_
3. Type ond color of			170	"	10, Screen: Manufacture 5	pame	_
10+	>0,1		0	3	Type	0ia. 5"	
Black	Hardtal	v/	3	5	Slot gauze Set between 38	_ Length	ft.
1:7	Tu 0/4		.5	36	ft.	and	_ft.
117	Ro Oli	1+1 Cia	36	45	Gravel pack? Size ro	mo./day/	/yr.
FILE !	DR. Clay N	SIN GIF	36	10	127 ft. below land su	rface Dat 2 - 24	
	7/ 1/ -		75	68	12 Pumping level below lan	d surfaces: hrs. pumping g.p.	.m.
DAY	Sand		68	79	ft. after	hrs. pumping g.p.	
Clas	4		79	108	Estimated maximum yield — 13. Water sample submitted:	mo./day/	
GRav	Ne J		108	144		Date	_
	// 🔾 1		144	114-2	14 Well head completion: Pitless adapter	14 Inches above grade	
-1	,		17	160	15. Well grouted?		. A e
Man	<u>e</u>		/53	128	Depth: From ft. to	<u>/4</u> ft.	h
					16. Negrest source of possible ft. Direction	e contamination:	٠
					Well disinfected upon comple	3 1	No I
					17. Pump: Manufacturer's name	TXWall IN	ر ا ∞¦∞
					Model number BU12	= HP 3/4 Volta	<u> </u>
			-		Length of drop pipe	tt. capacity g.p.	m. T
					Submersible Jet	Turbine	. 1.
	(Use a second	sheet if needed)			Centrifugal	Other	*_\/\
18. Elevation:	19. Remarks:				20. Water well contractor's This well was drilled under m		,
Tono				0	is true to the best of my know		1 = 1 %
Topography:					Business name	License	3 1 10
Slope				66	Salar Milar	remoting Ka	1-77
Upland Valley					Signed Authorized rep	per pate Date	Z/= &
Forward the white, blu	ue and pink copies to the Departmen	t of Health and Environment				Form WWC-5	3