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

1. Location of well:	County CIARK	Fraction C 1/4 SW1/4 N W4	Section	number 4	Township number	Range number	E/W
2. Distance and dire	ection from nearest town or city:	5 2 jul 3.0	wner of wel		IRK BROS.		
Street address of well	I location if in city: $2 \pm 5 - \frac{1}{2}$	W BUCKEN City	or street: , state, zip		BUCKLIN, KS.		
4. Locate with "X" i	in section below:	Sketch map:			6. Bore hole dia 40 ft.	. Completion date	82_
					7 Cable tool Rotary Hollow rod Jetted 8. Use: Domestic P	BoredRever	ustry ck her
1 Mile ————————————————————————————————————					Threaded Welded Surface in. RMP PVC Weight 219 lbs./ft. Dia. 5 in. td 40 ft. depth Wall Thickness: inches or		
5. Type and color of			From	To	Dia in. to ft. dep	th gage No. SOR	2/_
top	SOIL		0	10	10. Screen: Manufacturer's PECK Type PVC	less Dia. 5"	
clay	,		10	50	Slot/gauze	Length	<u></u>
Sand	E gravel	10.04.45	50	140	Gravel pack? Size ro		ft.
shale			140		11. Static water level: 11. Static water level: 11. Static water level: 12. Static water level:	rface Date 3-24	/day/yr.
					12. Pumping level below lan	d surfaces:	g.p.m.
					ft. after	hrs. pumping	g.p.m.
	77 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -	What			13. Water sample submitted:	mo.,	/day/yr.
					Yes No	Date	
	TOTAL MANAGEMENT				Pitless adapter 15. Well grouted?	1nches above s	10
					With: Neat cement Depth: From ft. to	Bentonite C ft.	1
				ļ	16. Nearest source of possible ft Direction		14
					Well disinfected upon compl	etion?Yes _	No
					17. Pump: Manufacturer's name	Not installed	~ ¦S
					Length of drop pipe	HP Volt	g.p.m. (
					Type: Submersible	Turbine	
	(Use a second s	heet if needed)			Jet Centrifugal	Recipro	cating
18. Elevation: Topography: Hill	19. Remarks: Windmi	11 and #7/4"	Him	der	20. Water well contractor's This well was drilled under n is true to the best of my know Business name	y jurisdiction and this viedge and belief.	report
Slope Upland Valley	16141	o i kay			Address Signed Authorized rep	presentative Date	-4-32 E
Forward the white, blo	ue and pink copies to the Department	of Health and Environment				Form WW	c-5