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)

	B B		ribri	(Water w Topeka,	vell Contractors) Kansas 66620	
X Location of well:	well: I NOT A/TA/ NOT		number	1	ange numb er	7
Meade	1/4	1/4 2	7	1 30 s R unley Post	26-5 E/W	4
Distance and direction from nearest town or city:	048	3. Owner of well R.R. or street:				
Street address of well location if in city: $3E-1N$	of Fouler	City, state, zip	code:	Towler Kg a		
Locate with "X" in section below: Sk	setch map:			6. Bore hole dia. 210 ft		77
NW NE	17	7		7 Cable tool X Rotary Hollow rod Jetted		у
W K E		, , , , , , , , , , , , , , , , , , ,	7	8. Use: Domestic Public Irrigation Air co Lawn Oil fie	anditioning 🔏 Stock	
SW SE				9. Casing: Material PLS H	eight: Above or below urface 2 <u>Y</u> in	
S 1 → 1 Mile → 1				Dia. 5 in. to 210ft. depth V	Vall Thickness: inches or	1
5. Type and color of material		From	То	Diain. toft. depth g	9 77 .01	
Top Soil		0	4	Type PVC D	ia	
Sand		4	60	* 4 ~~	ength	-
Clay		60	130	Gravel pack? Size range		
Gravel		130	140	11. Static water level:	mo./day/yr.	.] :}
Clay		140	158	12. Pymping level below land sur	faces:	1
Gravel		158	160	ft. after hrs.	pumping 20 g.p.m. pumping g.p.m.	
Clay		160	195	Estimated maximum yield	g.p.m.	7
Gravel		195	210	Yes No Date	3-31-77	4
				Pitless adapter	Inches above grade	┨.
					Sentonite / Concrete	
				16. Nearest source of possible conft. 2500 Direction	ر بر	Mac (
			<u> </u>	Well disinfected upon completion 17. Pump:	? Yes Not installed	۱ اِد
				Manufacturer's name		- "
				Length of drop pipe fi Type: U	r. capacityg.p.m. nd will	
(Use a second she	et if needed)			Submersible Jet Centrifugal	Turbine Reciprocating Other	"
18. Elevation: 19. Remarks:			I	20. Water well contractor's certif	fication:	† " [
Topography:				This well was drilled under my jur is true to the best of my knowledg		- 1
₩ Hill				Business name	License No.	2 7 7
Slope Upland Valley				Signed Authorized represent	tal Date 3-3/-	
orward the white, blue and pink copies to the Department of	Health and Environment				Form WWC-5	