WATER WELL RECORD KSA 82a-1201-1215

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

	County Fraction			Section number		Township number	Range number	
1. Location of well:	· '	SW 1/4 KE 1/4 SE	1/4			i '	R 35 W E/W	
2. Distance and direct	ction from nearest town or city:	5 7 of	3. Owr	ner of well	l: /	Kramer Prop	R 35 W E/W	
R.R. or st					street: SA.E. Bramer			
4. Locate with "X" in section below: Sketch map:					6. Bore hole dia. 10 in. Completion date			
A. Locate with "A" in section below: N						Well depth 180 ft.	•	
NW NE I						7 Cable tool X Rotary		
' ' ' '	NE					8. Use: X Domestic P	BoredReverse rotary	
₩						Irrigation A	ir conditioning Stock	
- sw se						Lawn O	il field water Other	
						9. Casing: Material Threaded Welded	iSurfacein.	
S						RMP PVC 524 44 Dia. 5 in. to 180 ft. dep	<u>∅</u> Weightlbs./ft.	
5. Type and color of material					То	Dia in. to ft. dep Dia in. to ft. dep 10. Screen: Manufacturer's	oth gage No	
Silty Light to Sandy					5			
Corse sand to Corse Grarel					58	Slot/gauze 120	Dia	
Clay Shelf				88	94	Set betweenft. Gravel pack? Size ro	andft.	
Sand Corse brown				94	100	11. Static water level:	mo./day/yr.	
Clay balls Tan to Gray w sand				100	180	12. Pumping level below lan	orface Date 7-14-76	
					1		hrs. pumping g.p.m. hrs. pumping g.p.m.	
NledIv-	m to corse			+	-	Estimated maximum yield —	<u>30</u> g.p.m.	
				+	ļ	13. Water sample submitted: YesNo		
						14. Well head completion:		
							18 Inches above grade	
						15. Well grouted?X With: Neat cement	Bentonite Concrete	
					 			
						16. Nearest source of possib	Sw Type Septic	
						Well disinfected upon comp	letion? Yes No	
						17. Pump: Manufacturer's name	Not installed	
						Model number 1709 P Length of drop pipe 160	HP Volts <u>230</u> ft. capacity <u>15</u> g.p.m.	
					 	Type:	TT. capacityg.p.m.	
				-	-	X_ Submersible	Turbine Reciprocating	
	(Use a second	sheet if needed)				Centrifugal	Other S	
18. Elevation:	19 Ramerks					20. Water well contractor's		
						is true to the best of my kno	my jurisdiction and this report welledge and belief.	
Topography:						Slocum Prill Business name	///n 6 /27 \\ \ticense No.	
Slope						Address HUGotor	Ka License Ivo.	
Upland	1 6 d					Signed Authorized re	presentative Date 8-4-76	
V.	Lie and pink copies to the Departmen	at of Health and Environment				1	Form WWC-5	
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	Marie Committee of the							