WATER WELL RECORD KSA 82a-1201-1215

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

	County	raction		Section number		Township number	Range number	
1. Location of well:	Seward	NE 1/4 NE 1/4 SI	1/4	1	7	1 33 s	R 3/	E/W
17 1	ection from nearest town or city: NE of Libe Il location if in city:	rul, Ks.	R.R. or	street:	Ŕβ	rs Ellis Duc D Ismet, Kansa	•	
1 1 1	in section below:	Sketch map:	<i>G,</i> 7	,, .	1	6. Bore hole dia. ———— in Well depth 360 ft.	. Completion date	1/2/
NW	 NE 					7 Cable tool \(\sum \) Rotary Hollow rod Jetted	Bored Revers	e rotary
	7 I X					Lawn O	ir conditioning Stoc il field water Oth	k er
	s					9. Casing: Material P1+5 Threaded Welded 91 RMP PVC	Surface 14	low in. lbs./ft.
	Aile ————————————————————————————————————		-	₌		Dia. 5 in. to 300 ft. dep	th!Wall Thickness: inch	nes or
5. Type and color o	r material			From	То	10. Screen: Manufacturer's		
Overburden				0	192	Type PVC Dia. 5" Slot/gauze 1/16 Length 60		
Fine S	Sand + Clay			192	240	Set betweenft.	ft, and <u>360</u>	ft.
Mediu	m Sand + C	lay		240	300	Gravel pack? Yes Size ro	nge of material 1/8	
Coars	Sand			300	360	11. Static water level: 192 ft. below land sur	face Date 8/3//	day/уг. 7.6
						12. Pumping level below land 194 ft. after	hrs. pumping 🛕	
						13. Water sample submitted: Yes No		g.p.m. day/yr.
						14. Well head completion: X Pitless adapter	17 Inches above g	ade
						15. Well grouted? Yes With: X Neat cement Depth: From3 ft. to	1 29	oncrete
						16. Nearest source of possible ft. 140 Direction Well disinfected upon complete.	Narth Type Cort	
						17. Pump: Manufacturer's name B	Not installed	220 ° C
						Length of drop pipe	3 ft. capacity 20	
	(Use a second	sheet if needed)				Submersible Jet Centrifugal	Turbine Reciproc Other	ating ×
18. Elevation:	19. Remarks:	· · · · · · · · · · · · · · · · · · ·				20. Water well contractor's This well was drilled under m	y jurisdiction and this r	eport
Topography:						is true to the best of my know HW Water W Business name	(e/) /9	ise No.
SlopeUplandValley						Signed Authorized rep	Liberal, Ko	1 2 2 E

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5