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	
Location of well: Harper	SE, SE, SW	1/4	3		***	, 5	E/W
2. Distance and direction from nearest town or city: Street address of well locations in city: GE 1S Anthony City, state, zip code:					on Cox		
Locate with "X" in section below:	Sketch map:	City,	state, zip d	code:	6. Bare hale dia. Buin.		1-10-7
					Well depthft. 7 Cable toolRetary Hollow rod Jetted	Driven Dug	
W - NW NE - NE					8. Use: Domestic Pub Irrigation Air	lic supply ind conditioning Ste	dustry ock
SW SE					LawnOII 7. Casing: Material Threaded Welded	Height: <u>Above or</u> b	pelow
S					RMP PVC X Dia.4 in. to 20 ft. depth	Weight	_lbs./ft.
. Type and color of material			From	То	Dio in. to ft. depth	gage No. 25£	3
			4		10. Screen: Manufacturer's no	ne	
	fine send		120	20	Туре ОТС	Dia	
					Slot/gauze 0.35 Set between 38 f		
	Mod sead	·· · · · · · · · · · · · · · · · · · ·	30	23	ft. an	d	ft.
	Shala		23	70	Gravel pack? Size rang		
	a in the second		ريد	10	11. Static water level: 52 ft. below land surfa	mo.	./day/yr.
					12. Pumping level below land :		
			+		ft. after hn	s. pumping	_ g.p.m.
					ft. after hr	. pumping	_ g.p.m.
					Estimated maximum yield		
				ļ	13. Water sample submitted:	mo. ate	./day/yr.
					14. Well head completion:		
<u> </u>			†		Pitless adapter	inches above	grade
				<u> </u>	15 Well mouted?		1
			1		With Neat cement		Concrete
			+	 	Depth: From ft. to _	15 ft.	
					16. Negrest source of possible ft. S Direction	contamination:	+ +]
					Well disinfected upon complete		No
			†		17. Pump:	Not installed	,
					Manufacturer's name	B Jacks	230
						ft. capacity <u>IC</u>)g.p.m.
					Туре:		
			+	<u> </u>		Turbine	1
(Use of secon	d sheet if needed)				Jer Centrifugal	Cother	
18. Elevation: 19. Remarks:	be Peuro	2			20. Water well contractor's ce This well was drilled under my		report
Topography: Slat to - Hill by Cust		-/			is true to the best of my knowle	idge and belief.].
Hill I					Business name		erise No.
_sign by cust	one				Address		
Upland Valley					Signed W M To Authorized repre	sentative Date	L15
arward the white, blue and pink copies to the Departme	ont of Health and Environment	-				Form WW	VC-5