WATER WELL RECORD KSA 82a-1201-1215

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

Form WWC-5

1. Location of well	County	Fraction		Section number		Township number	Range number	
	MORTON			26			s R 4/	E/W
2. Distance and direction from nearest town or city: 77 EAST RIR. c				wner of well: CLINT THOMASON or street: R.R. state, zip code: Elkhart K.				
4. Locate with "X"	" in section below:	Sketch map:	1 4// 4.	u.o, 2.p		6. Bore hole dia. 25	in Completion date .	<u>4-15-</u> 80
N						Well depth		
SW	E					Lawn 9. Casing: Material 5 to Threaded Welded	Oil field water E Height: Above or Surface12	Other below in.
<u>ı</u> → 1	S Mile ——►I					RMP	epth Wall Thickness: i	nches or
5. Type and color	of material			From	То	Dia in. to ft. d	epth gage No	<u> </u>
Iop soil					160	10. Screen: Manufacturer's name		
Med sand & clay					200	Slot/gauze 1/8 Length 3 Set between 235 ft. and 275 ft.		
Med sand & clay				200	235	ft. andft. Gravel pack?ftzer range of material		
Med coarse sand				235	275	11. Static water level: MA mo./day/yr.		
Med coarse sand stone				275	280	12. Pumping level below to	nd surfaces: N/	
Red clay				280	300	ft. afterhrs. pumpingg.p.mft. afterhrs. pumpingg.p.m. Estimated maximum yieldg.p.m.		
						13. Water sample submitted	: m	o./day/yr.
	41.					Yes X No 14. Well head completion: Pitless adapter	N/A Inches above	e grade
					•	15. Well grouted? VES With: X Neat cement Bentonite Concrete Depth: From ft. to 10 ft.		
						16. Nearest source of possi	ble contamination:	
						ft Direction Type X Well disinfected upon completion? Yes No		
						17. Pump: Manufacturer's name	_X Not installed	
						Model number	— HP — V	
						Type: Submersible	Turbii	
(Use a second sheet if needed)						Jet Centrifugal		rocating
18. Elevation: Topography: Hill	275' - 297'					20. Water well contractor' This well was drilled under is true to the best of my known that the second of the seco	my jurisdiction and the owledge and belief.	5 \$
Slope	ice oroprand				į	Business name Address Signed Authorized r	ALLYMON, Li	CIK No.