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) Topeka, Kansas 66620

County	Fraction	Section number		Township number	Range number	7
1. Location of well: Meade	1/4 NE1/4 NE/4	3		т 35 s	R 29 E∧	w
2. Distance and direction from nearest town or city: 10 of Jct.23 east of Forgan Street address of well location if in city: and not	th to loc.		Во	Service Dril x 910 Borger Texas	ling Company	
4. Locate with "X" in section below: Sketch map:		to Loc.		6. Bore hole dia. 9 in. Completion date 3-2-77  Well depth 260 ft		77 -
	WA JE			8. Use: Domestic Pr	Bored Reverse rotate ublic supply Industry ir conditioning Stock il field water Other	iry
S Jung	w. Justin			9. Casing: Material  Threaded Welded  RMP PVC _X  Dia in. to	iSurface <u>28</u> i iWeight <u>2 • 78</u> lbs./	ft.
5. Type and color of material			То	10. Screen: Manufacturer's	name	
Surface		0 2		sawed	Dig. 5"	
lay			0	Slot/gauze Length 100		
sandy clay		80 1	20	Gravel pack? Yesize ra	and1/8 t	<u>6</u> 3,
Med. to Lar. sand		n 1201	40	Static water level:  100 ft. below land sur		r.
Med. to lar. sand, sandy clay 80-20		140	260	12. Pumping level below land	d surfaces:	7
				ft. after	hrs.pumpingg.p.n hrs.pumpingg.p.n	- 1
				Estimated maximum yield	9 · P · r	
		<del></del>		Yes X No	Date	_
			$\dashv$	14. Well head completion: Pitless adapter	28 Inches above grade	╛
				15. Well grouted? <u>YES</u> With: X Neat Cement Depth: From ft. to	Bentoni te Concret	•   -
				16. Negrest source of possible ft. Direction		_
				Well disinfected upon comple	etion? X Yes	40
				17. Pump:  Manufacturer's name	X Not installed	_   "
				Model number	HP Volts ft. capacity g.p.m	-   {
				Type: Submersible	Turbine	
(Use a second s	heat if needed)			Jet Centrifugal	Reciprocating	ا <sub>ک</sub>
18. Elevation: 7 19. Remarks:	THEODEN)			20. Water well contractor's This well was drilled under m	certification:	°
Topography:				is true to the best of my know Carlile Wa	vledge and belief. ter Well 11	
Hill Zys				Business name Box 275	Liberal, K	.s. 1/2
Valley	TOTAL COLUMN TO THE COLUMN TO		l	Signed Authorized rep	resentative Date 3-1	<u>  [</u> [