POINT PEN-PRESS FIRMLY, PRINT CLEARLY. WATER WELL RECORD Kansas State Dept. Of Health KSA 82a-1201-1215 (Water Well Contractors) Forbes-Bldg. 740 Topeka, Kansas 66620 County Township name Town number Range number 1 Location of well: NE 14 DEYO Hillinsburg Distance and direction from nearest town or city: 1/2 N 3 Owner of well: BerNAROTOW Whey Street address of well location if in city: Hillips bung, Phillipsburg 4 Well depth: 51 Locate with "X" in section below: ft. Date of completion 4-12-76 Well diameter 9/2 in. 5 Cable tool X Rotary Driven Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary 6 Use: 🛛 Domestic 🔲 Public supply 📗 Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial Test well 7 Casing: Material LVC Height: above/below Home Threaded Welded Surface 24 in. S Diam. 5" Weight 190 lbs./ft.. in. to 51 ft. depth Drive shoe? Yes No Mile __ ft. depth Type and color of material From Τo 8 Screen: Manufacturer ACSSE Slot/gauze __ Length Set between 30 ft. and 51 ft. Fittings: Gravel pack X Yes No Size range of material 44 9 Static water level; 50 20 ft. below land surface Date 4-10 Pumping level below land surfaces:
30 ft. after 4 hrs. pumping 15 g.p.m. 30 ft. after 4 hrs. pumping 15 g.p.m. Estimated maximum yield 35 11 Water sample submitted: Yes X No Date 12 Well head completion: X Pitless adapter ☐ Inches above grade 13 Well grouted? X Yes □ No Neat cement Bentonite Depth: From A ft. to 10 ft. 14 Nearest source of possible contamination: Refinery

ft. 3000 Direction Type ft.3000 Direction _ Well disinfected upon completion? Not installed Manufacturer's name Day to 11
Model number _______H Length of drop pipe 42 ft. capacity 15 g.m.p. Type: Submersible Turbine ___ Jet Reciprocating (use a second sheet if needed) Certrifugal Other 16 Remarks: elevation 17 Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of pay knowledge and belief. Topography: Пн ☐ Slope Upland Authorized representative **∑** Valley

PHILLIPSBURG

USE TYPEWRITER OR BALL

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

NORTH

Form WWC-5