WATER WELL RECORD KSA 82a-1201-1215

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

				ı	opeka, Kansas 66620
County	tction (///	Section	number	Township number	Range number
1. Location of well: Sawlins	1/4 5h	1/4	17	_T 4	s R 36 EW
2. Distance and direction from nearest town or city;	1 0	3. Owner of well	ં ઉ	Beins 7	arms
Street address of well location if in city:	vica onald X	R.R. or street: City, state, zip o	code:	etwood.	96
4. Locate with "X" in section below: N	Sketch map:			6. Bore hole dia. 30 Well depth 160 ft.	in. Completion date
				7 Cable tool Roto Hollow rod Jett	ory Driven Dug
¥ W 1 1 E				8. Use: Domestic	Public supply Industry Air conditioning Stock
SW SE				Lawn	Oil field water Other
<u> </u>				Threaded Welded	
1 Mile ———		E	То		depth Wall Thickness: inches or
5. Type and color of material	······································	From	"	10. Screen: Manufacturer	
				Type free flow	Dia. 0/6"
				Set between	Length
				Gravel pack? X Size	t. andft. e range of material_3/4
				11. Static water level: 53 ft. below land	surface Date 5-3-77
				12. Pumping level below I	land surfaces:
· · · · · · · · · · · · · · · · · · ·					_ hrs. pumping 650 g.p.m.
	· · ·			13. Water sample submitte Yes ∡ No	od: mo./day/yr. Date
				14. Well head completion: Pitless adapter	:
				15. Well grouted? X	Guildle Clay Bentonite Concrete
	,			Depth: From ft.	
				16. Nearest source of poss ftion	
	· · · · · · · · · · · · · · · · · · ·			Well disinfected upon con	Not installed D
	***************************************	<u> </u>		Manufacturer's name Model number	HP Volts g.p.m.
The second secon	· · · · · · · · · · · · · · · · · · ·			Туре:	•
M. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	I shoot if mandad)	. :		Submersible Jet	Turbine Reciprocating Other
18. Elevation: 19. Remarks:	sheet if needed)	L	I	Centrifugal	r's certification:
I Irrigal	ion			This well was drilled unde	nowledge and belief.
Topography: - Hill - Slope - Unland - Slope	7			Byliness nemp	la de la
Slope Upland Valley				Address Authorized	representative Date 5
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