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	E		1 6			T- 11
1. Location of well:	Coomy	•		Section number		number	Township number Range number
	FEGGER	NW/4 X	E14SW	1/4		<u>4</u>	T 5 S R 29 60
2. Distance and direc	ction from nearest town or city:6N	-1W-1	LN- ZW	3. Owner	of well	P_{λ}	imis Carmer
Street address of well location it in either					eet:	KK	Dreslen Kansas 62629
		Sketch map:	 				6. Bore hole dia in. Completion date
w wife	NE 						Well depth ft
SW SE S							
_						,	Dia. 5 in. to 80 ft. depth Wall Thickness: inches or
5. Type and color of	material			F	rom	То	Diain. toft. depth gage No250
Topsoil					0	12	Type Rm P Dia. 5"
C/my-b	roww			/	12	61	Slot/gauze
Fine som	ed and clay gra	· <u>y</u>			61	69	ft. andft. Gravel pack? Size range of material
Fine Som	vd				69	71	11. Static water level: mo./day/yr.
Ilay-f	ined somel				74	82	12. Pumping level below land surfaces: N + A
Fine sa	ewol light				82	9/	ft. after hrs. pumping g.p.m ft. after hrs. pumping g.p.m. Estimated maximum yield g.p.m.
Synd ;	FATK				71	96	13. Water sample submitted: mo./day/yr.
Sound	coalse			- 0	22	108	Yes No Date 14. Well head completion:
Shale-	usllow oker				08	110	15. Well grouted? YES
							With: Neat cement Bentonite Concrete
	13ROC	<u>K 10</u>	<u>8</u>				16. Nearest source of possible contamination: Type Conditate
				<u> </u>			Well disinfected upon completion? Yes X No 17. Pump: Not installed
							Manufacturer's name
							Model number HP Volts
	and direction from necrest town or city: GN-1W-1/2N-1/2W ss of well location if in city: White					Type: Submersible Turbine	
	(Use a second sh	eet if needed)					Jet Reciprocating Other
18. Elevation:	19 - Remarks:						20. Water well contractor's certification: This well was drilled under my jurisdiction and this report
Topography:/ Hill/ Slope							Business name License No. Address.
Upland Valley							Signed Authorized representative Date