WATER WELL RECORD KSA 82a-1201-1215

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

County 0 550 Ah Fraction	Section number	Township number	Ringe number	
1. Location of well: NE 1/4 NW 1/4 SE 1,		т 7	s R 15	E/W
	. Owner of well: No.	ettie HA	11e	
Street address of well location if in city: 2 & 0 F Allow,	VickerSON, Ks. 67561			
4. Locate with "X" in section below: Sketch map:		6. Bore hole dia. 9 Well depth 28 ft	in. Completion date -	/
N				
NE -		7 Cable tool X Ro _ Hollow rod _ Jet	tary Driven Dug ted Bored Rev	
NW NE Owell		8. Use: Domestic Public supply Industry		
₩ X Y E	Irrigation Air conditioning X Stock Lawn Oil field water Other			
South South South South South South South		9. Casing: Material P		
1 /4m, 30		Threaded Welded _ RMP PVC	iSurface <i>1 &</i>	in.
S old FARM STE	RMP	1 -		
5. Type and color of material	From To	Dia in. to ft.	depth gage No	
1 1		10. Screen: Manufacture	er's name <u>JLSS</u>	<u> </u>
CIAY	0 20	Type 1.9 T	Dia	,
SAND & MWa	1 2025	Slot/gauze	Length	ft.
Chulp	2.5 28	Gravel pack? VES Siz	ft. ond	- 3/ji
3/14/0	7.00	11. Static water level:		o./day/yr.
		ft. below land		20/77
		12. Pumping level below ft. after	•	umped g.p.m.
		ł .	hrs. pumping	g.p.m.
		Estimated maximum yield		g.p.m.
		13. Water sample submittYesNo	Date	o./day/yr.
		14. Well head completion		
		Pitless adapter	Inches above	grade
		15. Well grouted? With: X Neat cement	Bentonite	Concrete
	- 	Depth: Fromft.	. to <u>15</u> ft.	
		16. Negrest source of post ft. 1320 Direction	sible contamination	Stead
		Well disinfected upon co		≥ 2
		17. Pump: Manufacturer's name	X Not installed	~ [0]
			HP Vo	olts
		Length of drop pipe Type:	ft. capocity	_g.p.m. 🥞′
		Submersible	Turbir	ne I
(Use a second sheet if needed)		Jet Centrifugal	Recip	rocating S
	<u> </u>	<u>. – </u>		, <i>\bigV</i>
18. Elevation: Level Crement slab to be a Topography: Hill Slope Slope	notelles	his well was drilled und	er my jurisdiction and thi	is report
Topography:		is true to the best of my I	knowledge and belief. $\mathcal{L}_{\mathcal{D}}$	303 []
- HIII by customer.	Business name	131 246 Li	cense No.	
Slope		1 101. 1	Some VI	1-24 77
Valley		Signed Authorized	representative	X (
Forward the white, blue and pink copies to the Department of Health and Environment		•	Form W	wc-5 t