

MH #15

USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

MH #15 Remove
WATER WELL RECORD
KSA 82a-1201-1215

MSW EF

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

| | | | | | | | | | |
|---|--|--|--|--|--|---|--|--|--|
| 1. Location of well: County <u>Wyandotte</u> | | Fraction <u>S.W. 1/4 SW 1/4 SW 1/4</u> | | Section number <u>13</u> | | Township number T <u>10</u> S R <u>24</u> EW | | Range number | |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: | | | | 3. Owner of well: <u>MORATEK - AMERICAN</u> R.R. or street: <u>5200 KATRINE AVE</u> City, state, zip code: <u>DOWNERS GROVE, ILL</u> | | | | | |
| 4. Locate with "X" in section below: N NW NE SW SE S 1 Mile | | | | Sketch map: | | 6. Bore hole dia. <u>1 1/2</u> in. Completion date _____ Well depth _____ ft. <u>5-10-79</u> | | | |
| 5. Type and color of material | | | | From | | To | | 7. Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary | |
| <p>Pull & Grout 12 wellpoint Holes with WESTERN BENTONITE FROM EL 740 - to - 792' GROUND EL IS 792</p> | | | | | | | | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input checked="" type="checkbox"/> Other | |
| | | | | | | | | 9. Casing: Material <u>Steel</u> Height: Above or below Threaded <input checked="" type="checkbox"/> Welded _____ Surface <u>12</u> in. RMP _____ PVC _____ Weight <u>2.12</u> lbs./ft. Dia. <u>1 1/2</u> in. to <u>23</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>40</u> | |
| | | | | | | | | 10. Screen: Manufacturer's name _____ Type <u>M-T-A</u> Dia. <u>1 1/2</u> Slot/gauze _____ Length <u>3</u> Set between <u>23</u> ft. and <u>26</u> ft. _____ ft. and _____ ft. Gravel pack? <u>No</u> Size range of material _____ | |
| | | | | | | | | 11. Static water level: _____ mo./day/yr. <u>12</u> ft. below land surface Date <u>5-10-79</u> | |
| | | | | | | | | 12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m. | |
| | | | | | | | | 13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | |
| | | | | | | | | 14. Well head completion: <u>No</u> Pitless adapter _____ Inches above grade | |
| | | | | | | | | 15. Well grouted? <u>YES</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>12</u> ft. | |
| | | | | | | | | 16. Nearest source of possible contamination: ft. <u>1000</u> Direction <u>N</u> Type <u>RIVER</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | | | | | | | | 17. Pump: _____ Not installed Manufacturer's name <u>DONE</u> Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other | |
| | | | | | | | | (Use a second sheet if needed) | |
| 18. Elevation: <u>792</u> | | 19. Remarks: | | 20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>MORATEK - AMERICAN</u> Business name _____ License No. _____ Address <u>DOWNERS GROVE, ILL</u> Signed <u>J. Wayne</u> Authorized representative Date <u>5-10-79</u> | | | | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley | | | | | | | | | |

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1/4 1/4 1/4

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5