

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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Wyandotte	Township name	Fraction SW/4, NE/4	Section number 34	Town number 105	Range number 25 E
Distance and direction from nearest town or city: Street address of well location if in city:			3 Owner of well: Sealright Co. Address: Kansas City, Kansas			
Locate with "X" in section below: N W E S 1 Mile			Sketch map:		4 Well depth: 86 ft. Date of completion 3-13-76 Well diameter <input checked="" type="checkbox"/> in.	
2 Type and color of material			From		To	
			blue clay		0 7	
			sand fine		7 25	
			sand & gravel coarse		25 32	
			sand & gravel		32 41	
			sand fine		41 50	
			blue clay		50 54	
			sand & gravel		54 72	
			sand & gravel, boulders		72 86	
			(use a second sheet if needed)			
5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary			6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>			
7 Casing: Material MS Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 24 in. Diam. 10 in. to 62 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Weight 40.5 lbs./ft.			8 Screen: Manufacturer Johnson Type Pipe Size Dia. 10 in. Slot/gauze .060 Length 10' Set between 67 ft. and 77 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____			
9 Static water level: 21 ft. below land surface Date 3/13/76			10 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.			
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade			
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 0 ft. to 6 ft.			14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Worthington Model number 8M-28 HP 20 Volts 760 Length of drop pipe 50 ft. capacity 150 g.m.p. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			16 Remarks: elevation 742 ft. Topography: RM <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley			
17 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. Cullum Brown, Inc. 121 Business name _____ License No. _____ Address 1200 BURLINGTON AVE Signed [Signature] Date 3/11/76 Authorized representative			17 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. Cullum Brown, Inc. 121 Business name _____ License No. _____ Address 1200 BURLINGTON AVE Signed [Signature] Date 3/11/76 Authorized representative			

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

Form WWC-5