

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
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WATER WELL RECORD
KSA 82a-1201-1215

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

1. Location of well:		County <u>Harvey</u>		Fraction <u>West half of NW Quarter</u>		Section number <u>26</u>		Township number <u>T 23</u>		Range number <u>S 1 R 1</u>		EW	
2. Distance and direction from nearest town or city: <u>1 E, 3/8 S of SE Newton</u>						3. Owner of well: <u>Mrs. Claude Mason</u> R.R. or street: <u>3736 Sleepy Hollow</u> City, state, zip code: <u>Wichita, KS, 67208</u>							
4. Locate with "X" in section below:						Sketch map:							
5. Type and color of material						From		To		6. Bore hole dia. <u>7-9</u> in. Completion date <u>10/21/75</u> Well depth <u>57</u> ft. 7. <input checked="" type="checkbox"/> Cable tool <input 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 8. Use: <input checked="" 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 type="checkbox"/> Other 9. Casing: Material <u>Plastic</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>24</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>200</u> lbs./ft. Dia. <u>5</u> in. to <u>57</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>24-22</u>			
<u>Black Soil</u> <u>Sandy Loam</u> <u>Sand</u> <u>Blue Shale</u>						0		6		10. Screen: Manufacturer's name <u>Sun-flower</u> Type <u>Plastic RMP</u> Dia. <u>5 in.</u> Slat gauge <u>252</u> Length <u>27 1/2</u> ft. Set between <u>30</u> ft. and <u>57</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>40-54</u>			
						6		24					
						24		34		11. Static water level: <u>30</u> ft. below land surface Date <u>10/21/75</u> 12. Pumping level below land surfaces: <u>45</u> ft. after <u>1</u> hrs. pumping <u>3</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>4</u> g.p.m. 13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>			
						34		57					
										14. Well head completion: <input type="checkbox"/> Pitless adapter <u>24</u> Inches above grade 15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>20</u> ft.			
										16. Nearest source of possible contamination: <u>None</u> ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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			
										18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley 19. Remarks: (Use a second sheet if needed)			
										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>Frank Budde 221A</u> Business name <u> </u> License No. <u> </u> Address <u>Frank 3 Newton KS</u> Signed <u>Frank Budde</u> Date <u>4/19/76</u> Authorized representative			

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

Form WWC-5