

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

<b>1. Location of well:</b>	County <b>Sedgwick</b>	Fraction <b>1/4 SE 1/4 SE 1/4</b>	Section number <b>5</b>	Township number <b>T 25 S R 1E E/W</b>	Range number
<b>2. Distance and direction from nearest town or city:</b>	<b>1/2 mile West of 81 Hwy, 1/4 mile North of 117th</b>		<b>3. Owner of well: Gary Jones</b>		
<b>Street address of well location if in city:</b>	<b>North. Valley Center,</b>		<b>R.R. or street: Box 128</b>		
			<b>City, state, zip code: Cassoday, Kansas 66842</b>		
<b>4. Locate with "X" in section below:</b>	Sketch map: <b>Kansas</b>			<b>6. Bore hole dia. 11 in. Completion date</b>	
				<b>Well depth 60 ft. 12-6-78</b>	
				<b>7. Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug</b>	
			<b>8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry</b>		
			<b>9. Casing: Material <u>Styrene</u> Height: Above or <u>below</u></b>		
			<b>Threaded <input type="checkbox"/> Welded <u>gl</u> Surface <u>12</u> in.</b>		
			<b>RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft.</b>		
			<b>Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches or</b>		
			<b>Dia. _____ in. to _____ ft. depth gage No. <u>200</u></b>		
<b>5. Type and color of material</b>		<b>From</b>	<b>To</b>	<b>10. Screen: Manufacturer's name</b>	
<b>Topsoil</b>		<b>0</b>	<b>3</b>	<b>Sunflower plastic</b>	
<b>Clay</b>		<b>3</b>	<b>28</b>	<b>Type <u>styrene</u> Dia. <u>5</u>"</b>	
<b>Fine sand</b>		<b>28</b>	<b>32</b>	<b>Slot/dia/ft. <u>.06</u> Length <u>27</u>"</b>	
<b>Sandstone</b>		<b>32</b>	<b>33</b>	<b>Set between <u>33</u> ft. and <u>60</u> ft.</b>	
<b>Fine sand</b>		<b>33</b>	<b>36</b>	<b>Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8"</u></b>	
<b>Grey shale</b>		<b>36</b>	<b>60</b>	<b>11. Static water level: _____ mo./day/yr.</b>	
				<b><u>25</u> ft. below land surface Date <u>12-6-78</u></b>	
				<b>12. Pumping level below land surfaces:</b>	
				<b>_____ ft. after _____ hrs. pumping _____ g.p.m.</b>	
				<b>_____ ft. after _____ hrs. pumping _____ g.p.m.</b>	
				<b>Estimated maximum yield _____ g.p.m.</b>	
				<b>13. Water sample submitted: _____ mo./day/yr.</b>	
				<b>Yes _____ No _____ Date _____</b>	
				<b>14. Well head completion: _____ capped</b>	
				<b>_____ Pitless adapter <u>12</u> Inches above grade</b>	
				<b>15. Well grouted? <u>yes</u> <u>1-2</u> fine sand mix</b>	
				<b>With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete</b>	
				<b>Depth: From <u>6</u> ft. to <u>16</u> ft.</b>	
				<b>16. Nearest source of possible contamination: _____</b>	
				<b>ft. _____ Direction _____ Type <u>None</u></b>	
				<b>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No</b>	
				<b>17. Pump: _____ <input checked="" type="checkbox"/> Not installed</b>	
				<b>Manufacturer's name _____</b>	
				<b>Model number _____ HP _____ Volts _____</b>	
				<b>Length of drop pipe _____ ft. capacity _____ g.p.m.</b>	
				<b>Type:</b>	
				<b>_____ Submersible _____ Turbine</b>	
				<b>_____ Jet _____ Reciprocating</b>	
				<b>_____ Centrifugal _____ Other</b>	
<b>18. Elevation:</b>	<b>19. Remarks:</b>			<b>20. Water well contractor's certification:</b>	
<b>Topography:</b>	<b>Flat ground</b>			<b>This well was drilled under my jurisdiction and this report</b>	
<b>_____ Hill</b>	<b>Septic system not installed at this time.</b>			<b>is true to the best of my knowledge and belief.</b>	
<b>_____ Slope</b>				<b>Harp Well &amp; Pump <u>236</u></b>	
<b>_____ Upland</b>				<b>Business name _____ License No. _____</b>	
<b>_____ Valley</b>				<b>Address <u>Wichita, Kansas</u> <u>67209</u></b>	
				<b>Signed <u>Dr. Arnold</u> Date <u>12-16-78</u></b>	
				<b>Authorized representative</b>	

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

Form WWC-5