

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

1. Location of well:		County <u>Sedgwick</u>	Fraction <u>SW SW NE NW</u>	Section number <u>18</u>	Township number <u>T 26 S</u>	Range number <u>R 1 E</u>
2. Distance and direction from nearest town or city: <u>3 1/2 N</u>		3. Owner of well: <u>C & C Construction</u>				
Street address of well location if in city: <u>Wichita</u>		R.R. or street: <u>3246 N Clarence</u>				
		City, state, zip code: <u>Wichita KS</u>				
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date <u>5/14/78</u>		
				Well depth <u>26</u> ft.		
5. Type and color of material		From	To	7. Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug		
<u>Gray Sand</u>		<u>0</u>	<u>3</u>	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
<u>White Sand</u>		<u>3</u>	<u>26</u>	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>Styrene</u> Height: Above or below		
				Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in.		
				RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>100</u> lbs./ft.		
				Dia. <u>4</u> in. to <u>26</u> ft. depth Wall Thickness: inches or		
				Dia. <u>4</u> in. to <u>26</u> ft. depth gage No. <u>100</u>		
				10. Screen: Manufacturer's name <u>Amflamer</u>		
				Type <u>100</u> Dia. <u>4</u>		
				Slot/gauze <u>Slot</u> Length <u>5 1/4</u>		
				Set between <u>21</u> ft. and <u>26</u> ft.		
				<u>ft.</u> and <u>ft.</u>		
				Gravel pack? <u>No</u> Size range of material <u></u>		
				11. Static water level: <u>16</u> ft. below land surface Date <u>5/14/78</u>		
				12. Pumping level below land surfaces:		
				<u>ft.</u> after <u>hrs.</u> pumping <u>g.p.m.</u>		
				<u>ft.</u> after <u>hrs.</u> pumping <u>g.p.m.</u>		
				Estimated maximum yield <u>5</u> g.p.m.		
				13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u></u>		
				14. Well head completion: <u>12</u> Inches above grade		
				<u>Pitless adapter</u>		
				15. Well grouted? <u>yes</u>		
				With: <u>Neat cement</u> <u>Bentonite</u> <u>Concrete</u>		
				Depth: From <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: <u>30</u> ft. Direction <u>E</u> Type <u>Sewer</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:		19. Remarks:				
Topography:						
<input type="checkbox"/> Hill						
<input type="checkbox"/> Slope						
<input type="checkbox"/> Upland						
<input checked="" type="checkbox"/> Valley						
		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.				
		Signed <u>John H. Mulling</u> 313 License No. <u></u>				
		Address <u>257 N. Spauld</u>				
		Signed <u>John H. Mulling</u> 313 License No. <u></u>				
		Authorized representative				

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

Form WWC-5