

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>Sedgwick</u>	Fraction <u>NW 1/4 NW 1/4 NW 1/4</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> Street address of well location if in city: <u>Wichita</u>			3. Owner of well: <u>C & C Construction</u> R.R. or street: <u>3546 N. Clarence</u> City, state, zip code: <u>Wichita KS</u>		
4. Locate with "X" in section below: Sketch map: <u>metidas Ventosa</u> <u>60th</u> <u>S 2211 Ventosa</u>			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			7. <input checked="" 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		
			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: <u>Steel</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 Gauge No. <u>100</u>		
			10. Screen: <u>Manufacturer's name</u> <u>Sanflow</u> Type <u>100</u> Dia. <u>4</u> Slot/gauze <u>slot</u> Length <u>5 ft</u> Set between <u>21</u> ft. and <u>26</u> ft. ft. and <u>26</u> ft. Gravel pack? <u>No</u> Size range of material: _____		
(Use a second sheet if needed)			11. Static water level: _____ mg./day/yr. <u>16</u> ft. below land surface Date <u>5/16/78</u>		
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>5</u> g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
			14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
(Use a second sheet if needed)			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>10</u> ft.		
			16. Nearest source of possible contamination: ft. <u>50</u> 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 _____ 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		
			18. Elevation:		
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>John D. Kulling 313</u> Business name _____ License No. _____ Address <u>257 N. Saline</u> Signed <u>Walter S. Gardner</u> Date _____ Authorized representative		

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

Form WWC-5