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

WATER WELL RECORD
KSA 82a-1201-1215

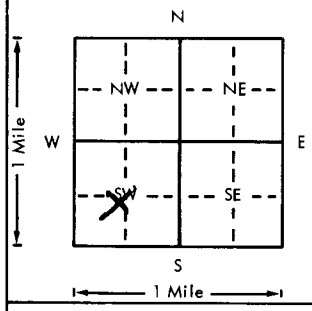
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	SE NW SE SW	7	T 26 S	R 1 E/W

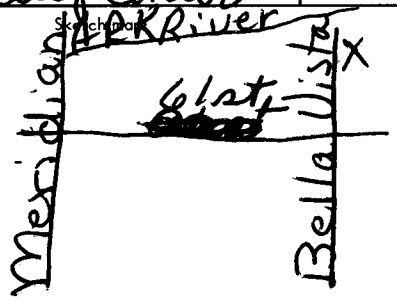
2. Distance and direction from nearest town or city: 2½ m. So
Street address of well location if in city: Valley center

3. Owner of well: Jim Suttle
R.R. or street: 6390 Bella Vista
City, state, zip code: Wichita Ks 9/22/79

4. Locate with "X" in section below:



Sketch map



6. Bore hole dia. 8 in. Completion date 9/22/79
Well depth 30 ft.

7. ___ Cable tool ✓ Rotary ___ Driven ___ Dug
___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary

8. Use: ✓ Domestic ___ Public supply ___ Industry
___ Irrigation ___ Air conditioning ___ Stock
___ Lawn ___ Oil field water ___ Other

9. Casing: Material Styrene Height: (Above) or below
Threaded ___ Welded ___ Surface 12 in.
RMP ___ PVC ✓ Weight 100 lbs./ft.
Dia. 4 in. to 30 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 1/4

5. Type ond calor of material	From	To
Black Dirt	0	6
Yellow Sand	6	16
White Sand	16	30

10. Screen: Manufacturer's name Cermac
Type 100 Dia. 4
Slot/gauze Slot Length 5
Set between 25 ft. and 30 ft.
___ ft. and ___ ft.
Gravel pack? No Size range of material ___

11. Static water level: 9 mo./day/yr.
16 ft. below land surface Date 9/22/79

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 10 g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes ✓ No Date ___

14. Well head completion:
___ Pitless adapter 12 Inches above grade

15. Well grouted? Yes
With: ✓ Neat cement ___ Bentonite ___ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 50 Direction So Type Sewer
Well disinfected upon completion? ✓ Yes ___ No

17. Pump: ✓ Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

(Use a second sheet if needed)

18. Elevation:

Topography:
___ Hill
___ Slope
___ Upland
✓ Valley

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.
Jet Drilling 313A
Business name License No.
Address 257 N Sabin
Signed Virgil Gunderson Date 9/19/79
Authorized representative

T 26 R 1 E/W Sec 7 1/4 NE 1/4 SW 1/4

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

Form WWC-5

MI-1023