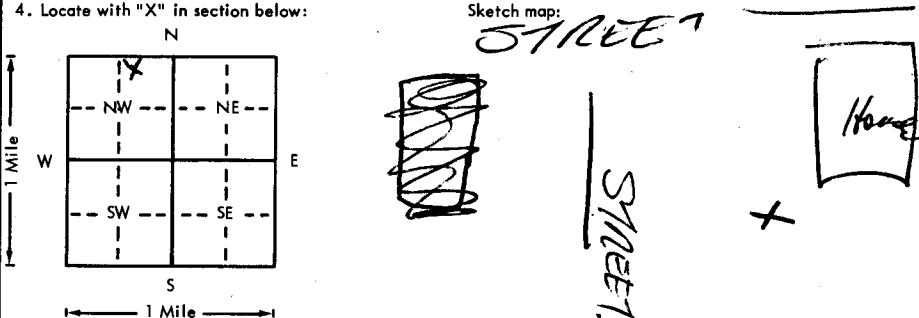


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>Edgwick</u> | Fraction <u>NW 1/4 NE 1/4 NW 1/4</u> | Section number <u>18</u> | Township number <u>T 26</u> | Range number <u>S R 1E</u> | E/W |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: <u>0030 W. 60th N.</u> | | | 3. Owner of well: <u>John Upkous</u> R.R. or street: <u>2030 W. 60th N.</u> City, state, zip code: <u>Wichita, KS.</u> | | | |
| 4. Locate with "X" in section below:  | | | 6. Bore hole dia. <u>4</u> in. Completion date <u>5-1-79</u> Well depth <u>28</u> ft. | | | |
| 5. Type and color of material | | | 7. Cable tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary | | | |
| | | | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other | | | |
| | | | 9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>250</u> lbs./ft. Dia. <u>5</u> in. to <u>28</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>28</u> ft. depth gage No. <u>1258</u> | | | |
| | | | 10. Screen: Manufacturer's name <u>Proden Pipe Co.</u> Type <u>PVC</u> Dia. <u>5.563</u> Slot/gauze <u>.025</u> Length <u>5</u> Set between <u>23</u> ft. and <u>28</u> ft. Gravel pack? <u>No</u> Size range of material _____ | | | |
| | | | 11. Static water level: _____ mo./day/yr. <u>18</u> ft. below land surface Date <u>5-1-79</u> | | | |
| | | | 12. Pumping level below land surfaces: <u>18</u> ft. after <u>1</u> hrs. pumping <u>15</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</u> g.p.m. | | | |
| | | | 13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____ | | | |
| | | | 14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade | | | |
| | | | 15. Well grouted? <u>YES</u> With: <u>Neat cement</u> Bentonite <input type="checkbox"/> Concrete <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>10</u> ft. | | | |
| | | | 16. Nearest source of possible contamination: ft. <u>65</u> Direction <u>N</u> Type <u>Septic</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>Dynos</u> Model number <u>#F10057</u> HP <u>1</u> Volts <u>230</u> Length of drop pipe <u>23</u> ft. capacity <u>20</u> g.p.m. Type: <input checked="" 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: | | | 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>21st Electric</u> <u>129</u> Business name <u>512 W. 21st</u> license No. <u>Wichita</u> Address <u>J. Harris</u> Date <u>5-30-79</u> Signed <u>Authorized representative</u> | | | |
| 19. Remarks: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley | | | | | | |

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

Form WWC-5