		WATER	WELL RECORD	Form WWC-5	KSA 82a-	-1212			
LOCATION OF WA	ATER WELL:	Fraction		Sec	tion Number	Township Numb	per	Range Number	
County: SEDGWIC	CK	NE 1/4	NE 1/4	SW 1/4	18	<u>  T 26 </u>	S	R 1 E E/W	
Distance and direction 5717 N. Del	n from nearest town o	or city street add: Wichit		ted within city?					
WATER WELL O			.d, N5.		Spec. H	louse			
R#, St. Address, B					-F		ulture. Divis	sion of Water Resource	
ity, State, ZIP Code : Wichita, Kansas					Application Number:				
	LOCATION WITH 4	DEPTH OF COM				TION:			
TYPE OF BLANK  1 Steel 2 PVC Blank casing diameter Casing height above TYPE OF SCREEN C 1 Steel 2 Brass	CASING USED:  3 RMP (SR) 4 ABS or	Pump to the st. Yield	est data: Well way gpm: Well way gpm: Well way gpm: Well way gpm: J.l	ater was 5 Public wate 6 Oil field wat 7 Lawn and ge submitted to De 8 Concret 9 Other (	t. af. af. af. af. af. af. af. af. af. af	ter	ours pumpi ours pumpi in. to 11 Inje 12 Oth .; If yes, mo Yes X S: Glued Welded Threaded in. lauge No. os-cement specify) sed (open	.6-12-84	
2 Louvered shu	ıtter 4 Kev r	ounched	7 Tor	ch cut		10 Other (specify)			
CREEN-PERFORAT	• •								
		From	ft. to		ft., Fron	n	. , ft. to		
GRAVEL PA		From	ft. to		ft., Fron				
GROUT MATERIA									
rout Intervale: Er	om 6 #	to 16	======================================	# 1	7	# From		it. to	
	source of possible con							doned water well	
						•			
1 Septic tank	4 Lateral li					storage			
2 Sewer lines 5 Cess pool			8 Sewage lagoon		12 Fertilizer storage		16 Other (specify below)None.Apparent		
3 Watertight se	wer lines 6 Seepage	pit	9 Feedyard		13 Insect	ticide storage	None.	Apparent	
irection from well?					How mar				
FROM TO	<u> </u>	LITHOLOGIC LO	G	FROM	ТО	LIT	HOLOGIC	_OG	
0 3	Topsoil						<del></del>		
3 22	Fine Sand					• •			
22 45	Medium Sand	1							
							<del></del>		
							·		
			L. ALVENO						
CONTRACTOR'S	OR LANDOWNER'S	CERTIFICATION	l. This water well	was (1) construc	ted. (2) reco	nstructed, or (3) plug	ged under i	my jurisdiction and was	
empleted on (mo/do	whener 6 12 9/		i. Triio water wen	======	and this recor	rd is true to the best o	f my knowle	my jurisdiction and was	
ompleted on (mo/da	y/year)6 <b>–1.2–</b> 84 or's License No	996	This Mater	Well Record was	completed of	on (mo/day/yr)	1-5-R	F	
vater vveii Contracto	ome of TT	-11 C P	Comment - T	TON HOUSE WA	hy (eignot	ure) Make		Lucold 1	
NSTRUCTIONS IN	ame of Harp We	ell & Pump et pen <i>PI FASE I</i>	<u>service, li</u> PRESS FIRMIV:	and PRINT clearly	/. Please fill in	blanks, underline or		rrect answers. Send top	
nree copies to Kansa	s Department of Health	and Environmen	t, Division of Envir	onment, Environn	nental Geolog	y Section, Topeka, KS	66620. Ser	nd one to WATER WELL	
WNER and retain of	one for your records.				<del></del>	*			