			LL RECORD	Form WWC-				
LOCATION OF W		Fraction NE 1/4 NE	, ,	1172	ction Numbe 19		26	Range Number
Journey.			/-	/-	19	<u> </u>	20 S	R TE ENW
	on from nearest town			itea within city?				
5153 North		Wichita, K						
WATER WELL O		Richard Rac	_					
R#, St. Address, E		5153 North Sullivan			Board of Agriculture, Division of Water Resources			
city, State, ZIP Code		Wichita, Ka		40			n Number:	
AN "X" IN SECTION	ON BOX: De	epth(s) Groundwater	Encountered	114	ft.	2	ft. 3	ft
asing height above	CASING USED:  3 RMP (SR) 4 ABS  1 Ind surface	Pump test st. Yield	ER LEVEL	14 ft. I ater was ater was 5 Public wat 6 Oil field wa 7 Lawn and 9 submitted to 0 8 Concret 9 Other Cer-Main. to 1 5 7 PV	pelow land successive ft.  ft.  ft.  ft.  ft.  ft.  ft.  ft.	after	n mo/day/yr hours pur hours pur in. g 11 12 vell XX; If yes, ed? Yes DINTS: Glued Threa or gauge No	mping gp mping gp mping gp to Injection well Other (Specify below)  mo/day/yr sample was si XX No d XX Clamped aded in. to p. • 203
	3 Stainless st	eel 5 Fit	berglass	<u>8_B</u>	<u>(IP_(</u> SR)	11 Ot	her (specify)	
2 Brass	4 Galvanized		oncrete tile	9 AE	S	12 No	ne used (op	en hole)
	DRATION OPENINGS		5 Gau	uzed wrapped		8 Saw cut		11 None (open hole)
1 Continuous s	lot 3 Mill s	slot		e wrapped		9 Drilled holes		
2 Louvered shu	ıtter 4 Key p	punched 25	7 Tor	ch cut 40		10 Other (speci	fy)	
GRAVEL P	ACK INTERVALS:	From	ft. to	40	ft., Fro	om	ft. to	<b>5</b>
GROUT MATERIA	1	From	ft. to					)
			nent grout					
hat in the pearest	source of possible cor	10 <b>24.</b>	t., From	π.				. ft. to
						stock pens		pandoned water well
1 Septic tank	4 Lateral li		7 Pit privy					l well/Gas well
2 Sewer lines	5 Cess po		8 Sewage la	igoon		ilizer storage	16 O	ther (specify below)
	wer lines 6 Seepage	e pit	9 Feedyard		13 inse	cticide storage		
irection from well?	West					any feet?	93	
FROM TO 3		LITHOLOGIC LOG		FROM	то		LITHOLOG	IC LOG
	Topsoil		*****					
3 12	Clay							
12 21	Fine Sar							
21 40	Medium S	Sana						
CONTRACTOR'S mpleted on (mo/da	~ ~ ~ /	87			and this reco	ord is true to the b	est of my kno	er my jurisdiction and wa
der the business n	uiiio (i	p Well & Pump	. This Water Service	Well Record wa	s completed by (signa	on (mo/day/yr) .	8-28-8 Arno	7
INSTRUCTIONS: Use	typewriter or ball point per	n. PLEASE PRESS FIRM	ALY and PRINT cl	early. Please fill in	blanks, underlir	ne or circle the correct	answers. Send	top three copies to Kansas
Department of Health				100 7000 T-lb-				
records.	and Environment, Bureau	of Water Protection, Top	oeka, Kansas 666	520-7320, Telephol	ne: 913-862-93	60. Send one to WAT	ER WELL OW	NER and retain one for your