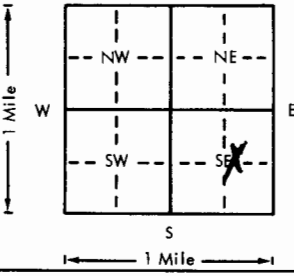
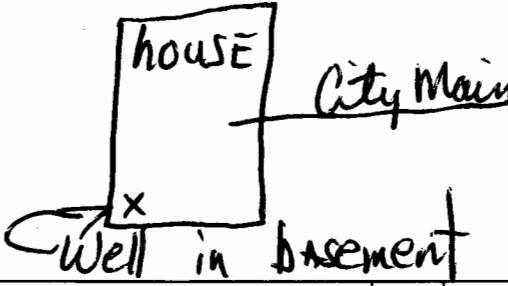


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>Edgewick</u> | Fraction: <u>SW 1/4 NE 1/4 SE 1/4</u> | Section number: <u>19</u> | Township number: <u>T 26 S</u> | Range number: <u>R 10 E</u> |
| 2. Distance and direction from nearest town or city: | 3. Owner of well: <u>C. M. Pennington</u> | | | | |
| Street address of well location if in city: | R.R. or street: <u>1420 N. McCarmel</u> | | | | |
| <u>4806 Bison</u> | City, state, zip code: <u>Wichita, KS 67203</u> | | | | |
| 4. Locate with "X" in section below: | Sketch map: | | | | 6. Bore hole dia. <u>4 1/2</u> in. Completion date: <u>8/12/78</u> |
|  |  | | | | Well depth <u>48</u> ft. |
| 5. Type and color of material | From | | | | To |
| <u>Top Soil</u> | <u>0</u> | | | | <u>2</u> |
| <u>Red clay.</u> | <u>2</u> | | | | <u>15</u> |
| <u>med. sand.</u> | <u>15</u> | | | | <u>31</u> |
| <u>Red clay.</u> | <u>31</u> | | | | <u>32</u> |
| <u>med. to coarse gravel</u> | <u>32</u> | | | | <u>48</u> |
| <u>clay.</u> | <u>48</u> | | | | <u>-</u> |
| 7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug | | | | | |
| 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: Material <u>Styrene</u> Height <u>Above</u> or below | | | | | |
| Threading <u>Welded</u> Surface <u>12</u> in. | | | | | |
| RMP <u>X</u> PVC <u>Weight</u> <u>150</u> lbs./ft. | | | | | |
| Dia. <u>5</u> in. to <u>48</u> ft. depth | | | | | |
| Wall Thickness: inches or | | | | | |
| Dia. <u>in.</u> to <u>ft.</u> depth | | | | | |
| gauge No. <u>1200</u> | | | | | |
| 10. Screen: Manufacturer's name <u>Sunflower</u> | | | | | |
| Type <u>200</u> Dia. <u>5 in</u> | | | | | |
| Slot gauge <u>1/16</u> Length <u>6 ft</u> | | | | | |
| Set between <u>42</u> ft. and <u>48</u> ft. | | | | | |
| Gravel pack? <u>yes</u> Size range of material <u>3/8</u> | | | | | |
| 11. Static water level: <u>15</u> ft. below land surface Date <u>8/12/78</u> | | | | | |
| 12. Pumping level below land surfaces: | | | | | |
| <u>10</u> ft. after <u>12</u> hrs. pumping <u>15</u> g.p.m. | | | | | |
| <u>ft.</u> after <u>hrs.</u> pumping <u>g.p.m.</u> | | | | | |
| Estimated maximum yield <u>50</u> g.p.m. | | | | | |
| 13. Water sample submitted: <u>mo./day/yr.</u> | | | | | |
| <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/> Date <u>8/12/78</u> | | | | | |
| 14. Well head completion: <u>12</u> inches above grade | | | | | |
| <u>Pitless adapter</u> | | | | | |
| 15. Well grouted? <u>yes</u> | | | | | |
| With: <u>Neat cement</u> <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete <input checked="" type="checkbox"/> | | | | | |
| Depth: From <u>6</u> ft. to <u>16</u> ft. | | | | | |
| 16. Nearest source of possible contamination: <u>City</u> | | | | | |
| ft. <u>25</u> Direction <u>NE</u> Type <u>main</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>X</u> | | | | | |
| Model number <u>HP</u> Volts <u>Volts</u> | | | | | |
| Length of drop pipe <u>ft.</u> capacity <u>g.p.m.</u> | | | | | |
| 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 | | | | | |
| (Use a second sheet if needed) | | | | | |
| 18. Elevation: | 19. Remarks: | | | | |
| Topography: | | | | | |
| <input type="checkbox"/> Hill | | | | | |
| <input type="checkbox"/> Slope | | | | | |
| <input checked="" type="checkbox"/> Upland | | | | | |
| <input type="checkbox"/> Valley | | | | | |
| 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>Weninger, Dilling</u> <u>318</u> | | | | | |
| Business name <u>Coluxch</u> License No. <u>1/4 1/4</u> | | | | | |
| Address <u>Weninger, 8/12/78</u> | | | | | |
| Signed <u>Weninger</u> Authorized representative | | | | | |

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

Form WWC-5