

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>SEDGWICK</u>		Fraction <u>NW 1/4 NW 1/4 NW 1/4</u>	Section number <u>19</u>	Township number <u>T 26 S</u>	Range number <u>R 15 E</u>
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>5320. Meridian</u>			3. Owner of well: <u>Big V Oil Co.</u> R.R. or street: <u>3614 N. Market</u> City, state, zip code: <u>Wichita KS.</u>		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: 			
5. Type and color of material		From	To	6. Bore hole dia. <u>11</u> in. Completion date: <u>6-2-78</u> Well depth <u>16</u> ft.	
<u>TOP SOIL</u>		<u>0</u>	<u>5</u>	7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input checked="" type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
<u>SAND</u>		<u>6</u>	<u>10</u>	8. Use: <input 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 checked="" type="checkbox"/> Other	
<u>GRAVEL</u>		<u>11</u>	<u>16</u>	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>2.750</u> lbs./ft. Dia. <u>5</u> in. to <u> </u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>1258</u>	
				10. Screen: Manufacturer's name <u>Modern Pipe Co.</u> Type <u>PVC</u> Dia. <u>5.563</u> Slot/gauze <u>0.25</u> Length <u>5</u> Set between <u>10</u> ft. and <u>15</u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? <u>NO</u> Size range of material <u> </u>	
				11. Static water level: <u> </u> mo./day/yr. <u>10</u> ft. below land surface Date <u> </u>	
				12. Pumping level below land surfaces: <u>17</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>507</u> g.p.m.	
				13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>	
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
				15. Well grouted? <u>YES</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
				16. Nearest source of possible contamination: ft. <u> </u> Direction <u> </u> Type <u> </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> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> g.p.m. 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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>Test well.</u>				
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>2151 Elbertine</u> <u>129</u> Business name <u>512 W. 2151</u> License No. <u> </u> Address <u> </u> Signed <u>J. Harris</u> Date <u>6-13-78</u> Authorized representative					

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

Form WWC-5