

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: <u>Seelyville</u>		County: <u>Seelyville</u>	Fraction: <u>NW 1/4 NW 1/4 NW 1/4</u>	Section number: <u>19</u>	Township number: <u>T 26</u>	Range number: <u>S 1 E</u>	E/W: <u>E/W</u>
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>5320 PINEWOOD</u>				3. Owner of well: <u>Big V Oil Co.</u> R.R. or street: <u>2614 N. MARKET</u> City, state, zip code: <u>WICHITA, KS.</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>11</u> in. Completion date <u>6-2-78</u> Well depth <u>15</u> ft.			
				7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input checked="" type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary			
5. Type and color of material		From		To		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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input checked="" type="checkbox"/> Other <u>test</u>	
<u>TOPSOIL</u>		<u>0</u>		<u>5</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>258</u>	
<u>SAND</u>		<u>6</u>		<u>10</u>		10. Screen: Manufacturer's name <u>Modern Pipe Co.</u> Type <u>PVC</u> Dia. <u>5.563</u> Slot/gauze <u>.025</u> Length <u>5'</u> Set between <u>10</u> ft. and <u>15</u> ft. <u> </u> ft. and <u> </u> ft.	
<u>GRAVEL</u>		<u>11</u>		<u>15</u>		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>6-2-78</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>50+</u> g.p.m.	
						13. Water sample submitted: <u> </u> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u> </u>	
						14. Well head completion: <u> </u> 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>30</u> Direction <u>W</u> Type <u>gas tank</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:		19. Remarks:		20. Water well contractor's certification:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		<u>Test well</u>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>21st Electric Pump Supply</u> Business name <u>512 W. 21st</u> License No. <u>129</u> Address <u>John E. Harris</u> Date <u>6-13-78</u> Signed <u> </u> Authorized representative			

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

Form WWC-5