WATER WELL RECORD KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors)

1		T	apeka, Kansas 66620
County County	Section number	Township number	Range number
1. Location of well: Sedgwick. 75/5E/4NW/4	20	1 26	S R EN
	vner of well:	. M. Fenn	19TON,
Street address of well location if in city:	or street: /4/ state, zip code:	120 n. N	t Carmel
4. Locate with "X" in section below: Sketch map:	state, zip code:	6. Bore hole dia.	in. Completion date
N N N N N N N N N N N N N N N N N N N		Well depth 43 ft	
i i i i i i i i i i i i i i i i i i i		7 Cable toolRote	ary Driven Dug
NW NE Pasement	1		ed Bored Reverse rotary
basement by		8. Use: Domestic	Public supply Industry Air conditioning Stock
SW SE Mouse		Lawn Oil field water Other	
			Above or below
L S		Threaded Welded	
ı→ 1 Mile — →ı			depth Wall Thickness: inches or
5. Type and color of material	From To	Dia in. to ft. o	<i>A</i> .
10	04		Sunflower
100 501	0/	Type 200	Dia. 5/11
Red Clay.	4 14	Set between 3	Length 43 ft.
med cand	1431	Gravel pack?	t. andft.
	2/20	11. Static water level:	mo./day/yr.
neu clay.	7/402	ft. below land	
course gradel.	32 4	12. Rupping level below I	and surfaces:
C/A 9	43-	ft. after	hrs. pumping g.p.m.
	1	Estimated maximum yield . 13. Water sample submitte	
		Yes No	d: mo./day/yr. Dote
		14. Well head completion	
		Pitless adapter	Inches above grade
		With: Neat Cement	Bentenite Concrete
	+ + -	Depth: Fromft.	to 16t.
		16. Nearest source of poss	ible confamination:
		Well disinfected upon com	
		17. Pump: Manufacturer's name	Not installed
	+ + -	Model number	HP Volts
		Length of drop pipe	ft. capacityg.p.m.
		Type: Submersible	Turbine
W		Jet	Reciprocating Other
(Use a second sheet if needed) 18. Elevation: 19. Remarks:		Centrifugal 20. Water well contractor	° 1
18. Elevation: 19. Remarks:		This well was drilled unde	r my jurisdiction and this report
Topography		is rule to the best of my ki	nowledge Adjelief.
Topography: Hill		Business name	gicense No.
Slope		Address / Call	ria II
Upland Valley		Signe Authorized	agrésentative Date
Forward the white, blue and pink copies to the Department of Health and Environment		0	Form WWC-5
Para de la companya d			ř