

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

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Sedgwick	Township name	Fraction SW 1/4	Section number 21	Town number T26S	Range number R1E		
Distance and direction from nearest town or city: Street address of well location if in city:			3 Owner of well: Bel Aire Improvement Dist. Wichita, Kansas					
Locate with "X" in section below: N W E S 1 Mile			Sketch map:		4 Well depth: 46.20 ft. Date of completion 6/13/75 Well diameter 36 in.			
2 Type and color of material			From	To	5 <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 type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary			
			Top soil		0	2	6 Use: <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>	
			Tan clay		2	10	7 Casing: Material Stl Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 48 in. Diam. 12 in. to 38 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No Weight 43 lbs./ft.	
			Med sand & gravel		10	15	8 Screen: Manufacturer Cook Type Stn. Stl Dia. 12" Slot/gauze 100 Length 8' Set between 38.2 ft. and 46.2 ft.	
			Gray clay		15	20	Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 3/8	
			Med. to coarse sand & gravel		20	35	9 Static water level: 9.6 ft. below land surface Date 6-13-75	
			Med. to coarse sand & gravel with		35	43	10 Pumping level below land surfaces: 31.2 ft. after 8 hrs. pumping 524 g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 500 g.p.m.	
			some tan clay				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____	
			Blue shale		43	45	12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 48 inches above grade	
			(use a second sheet if needed)				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 0 ft. to 20 ft.	
16 Remarks: elevation			14 Nearest source of possible contamination: ft. 500+ Direction West Type Septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley			15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Layne Model number 79178K 25 Volts 460 Length of drop pipe 35 ft. capacity 300 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other					
			17 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. Layne Western Co. 102 Business name License No. Address Wichita, Kansas Signed [Signature] Date 6/20/75 Authorized Representative					

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5