WATER WELL RECORD KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

1 ()	County	Fraction	Fraction		Section number		Townsh	nip number	Range number	
1. Location of well	Sedgwick		NW 1/4 N	E 1/4	3		т		R 1E	E/W
Distance and diStreet address of w	rection from nearest town or city 3601. ell location if in city:	North Amic Wichita, 1	don K a ns a s	R.R. or	er of well street: ate, zip o			Miller North Am ita, Kans		
	" in section below: N	Sketch map:		City, si	die, 21p (6. Bore I	hole dia. $\frac{11}{40}$ in depth $\frac{1}{40}$ ft.	Completion date - 4-12-77	
NW	X NE						7. <u> </u>	able tool X Rotary	Driven Dug	
w	E E							Irrigation A	ublic supply In ir conditioning SI il field water C	ock
SW	- SE I						9. Casin	g: Mater Styre Welded <u>8</u> 1	neight: Above or 12	beslow in.
1	Mile —————				,		Dia. 5	in. to 45 ft. dep	Weight th!Wall Thickness: in	ches or
. Type and color	of material				From	То		in. to ft. dep NY 10WET ^{er'} T	th gage No. <u>200</u>	
Topsoil (Sandy)					0	3	Type Styrene Dia 5"			
Fine Sand					3	20	Slot/gaue 06 Length 0 1 Set between 30 ft. and 40 ft.			
Medium	Sand				20	40		ft. a		√8#.
								c water level:ft. below land sur		./dax/уг.
	******						12. Pump	oing level below land	•	
							l ——	ft. after h	rs. pumping	
								maximum yield — r sample submitted:		_g.p.m. ./day/yr.
							Ye	s NoI	Date	
	-							head completion: ess adapter	Cappe 12 inches above	grade
							With:	grouted?	BentoniteX	- 1
	9.00								contamination: Te	eptic nk
							Well disi	nfected upon comple	tion? X Yes	No
								urer's name	X Not installed	7
							Model nu Length of	drop pipe	_ HP Vol _ ft. capacity	-g.p.m.
							Туре: Su	ubmersi ble	Turbine	
	(Use a se	cond sheet if needed)	******				Je		Recipro	
8. Elevation:	19. Remarks:	Total Misco II Interestal)]			20. Wate	er well contractor's c		report 7
Topography:							is true to	the best of my know	ledge and belief.	36 3
X Slope								Wichita		ense No.
Upland Valley							Signed	n. Okn Authorized repr	old Date	0-71
ward the white, b	olue and pink copies to the Depa	rtment of Health and Er	vironment						Form WW	/C-5