

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

SW SE NW SE sec.18 T.26 R.1 EAST

County: <u>Sedgwick</u>		Fraction: <u>N 1/4 NE 1/4 SW 1/4</u>	Section number: <u>212</u>	Township number: <u>24 S</u>	Range number: <u>8 E</u>
1. Location of well: <u>Sedgwick</u>			3. Owner of well: <u>DARRIE CARTER</u>		
2. Distance and direction from nearest town or city:			R.R. or street: <u>5615 N. PORTER</u>		
Street address of well location if in city: <u>5615 N Porter</u>			City, state, zip code: <u>WICHITA KS.</u>		
4. Locate with "X" in section below:			6. Bore hole dia. <u>4</u> in. Completion date <u>7-17-77</u>		
				Well depth <u>28</u> ft.	
5. Type and color of material			7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Dug		
			<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
From To <u>yellow sand</u> <u>0</u> <u>16</u> <u>white sand</u> <u>16</u> <u>28</u>			8. Use: <input checked="" 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 type="checkbox"/> Other		
			9. Casing: Material <u>ALUM</u> Height: <u>above</u> or below		
			Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>1 1/2</u> in. to <u>28</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>CALV. PIPE</u>		
			10. Screen: Manufacturer's name <u>SIXT'S</u>		
			Type <u>SAND POINT</u> Dia. <u>1 1/4</u> Slot/gauze <u>GAUZE</u> Length <u>3</u> Set between <u>25</u> ft. and <u>28</u> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <u>NO</u> Size range of material <u>1 1/4</u>		
			11. Static water level: <input type="checkbox"/> mo./day/yr.		
			<u>15</u> ft. below land surface Date <u>7-17-77</u>		
			12. Pumping level below land surfaces:		
			_____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>10</u> g.p.m.		
			13. Water sample submitted: <input type="checkbox"/> mo./day/yr.		
			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
			14. Well head completion:		
			_____ Pitless adapter <u>12</u> inches above grade <input checked="" type="checkbox"/> Well grouted? <u>YES</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete To: From <u>0</u> ft. to <u>10</u> ft.		
			16. Nearest source of possible contamination:		
			ft. <u>50</u> Direction <u>SOUTH</u> Type <u>SEWER</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump:		
			_____ Not installed Manufacturer's name <u>GOULD</u> Model number <u>101N</u> HP <u>1/2</u> Volts <u>115</u> Length of drop pipe <u>28</u> ft. capacity <u>10</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
18. Elevation:			19. Remarks:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			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>Jet Drilling 313</u> Business name <u>257 N Sabin</u> License No. _____ Address <u>Wing & Sanderson</u> Signed _____ Date <u>7/17/77</u> Authorized representative		

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

Form WWC-5