

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:		County <u>Sedgwick</u>	Fraction <u>NE 1/4 SE 1/4 NE 1/4</u>	Section number <u>10</u>	Township number <u>T 27 S</u>	Range number <u>R 2 E</u>
2. Distance and direction from nearest town or city:		<u>3 E 2 N</u>		3. Owner of well: <u>Ray Morrisette</u>		
Street address of well location if in city:		<u>Wichita</u>		R.R. or street: <u>146 Amistado Blvd</u> City, state, zip code: <u>Universal City Texas 78158</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date <u>12/27/78</u> Well depth <u>100</u> ft.		
		<p><u>x well</u></p> <p><u>x septic</u></p>		7. <input checked="" 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 type="checkbox"/> Reverse rotary		
5. Type and color of material		From	To	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"/> Low <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
Soil		0	5	9. Casing: Material <u>Plas</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>100</u> lbs./ft. Dia. <u>6</u> in. to <u>100</u> ft. depth <u>1</u> in. Thickness: inches or Dia. <u>6</u> in. to <u>100</u> ft. depth <u>1</u> in. Tag No. <u>0175</u>		
Rock		5	10	10. Screen: Manufacturer's name <u>Sub-Flower</u> Type <u>100</u> Dia. <u>6</u> Slot/gauze <u>1/16</u> Length <u>20</u> Set between <u>160</u> ft. and <u>80</u> ft. Gravel pack? <u>no</u> Size range of material _____		
Shale		10	35	11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date <u>12/27/78</u>		
Clay yellow		10	35	12. Pumping level below land surfaces: _____ ft. after <u>1</u> hrs. pumping <u>50</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</u> g.p.m.		
Shale		35	55	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Lime		55	100	14. Well head completion: _____ Pitless adapter _____ 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>10</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: _____ ft. Direction <u>S</u> Type <u>Septic</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 _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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		
18. Elevation:		(Use a second sheet if needed)		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. Business name <u>Winter Well Drill</u> License No. <u>2</u> Address <u>P.O. Box 30 August</u> Signed <u>Charles Winter</u> Date <u>1/2/79</u> Authorized representative		
19. Remarks:		<u>Owner To Install</u> <u>Concrete Lab around</u> <u>Well</u>				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5