

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
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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>Butler</u>   | Fraction: <u>1/4 NW 1/4 NW 1/4</u> | Section number: <u>23</u>  | Township number: <u>T 27 S</u> | Range number: <u>R 3 E</u> |
| 2. Distance and direction from nearest town or city: <u>1 N. of 54 Hwy on Augusta, Kas</u> |  | 3. Owner of well: <u>Mark L. Allen</u><br>R.R. or street: <u>3840 South Seneca</u><br>City, state, zip code: <u>Wichita, Kansas</u>   |                                    |  |                                |                            |
| 4. Locate with "X" in section below:   |  | Sketch map: <u>Airport Road 200 yards East.</u>   |                                    |  |                                |                            |
|  |  | 6. Bore hole dia. <u>11</u> in. Completion date <u>10-27-75</u><br>Well depth <u>71</u> ft.<br>7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary<br>8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other<br>9. Casing: Material <u>stycor</u> Height <u>12</u> Above or below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/><br>RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>12</u> lbs./ft.<br>Dia. <u>3</u> in. to <u>71</u> ft. depth Wall Thickness: inches or<br>Dia. <u>3</u> in. to <u>71</u> ft. depth gage No. <u>200</u> |                                    |  |                                |                            |
| 5. Type and color of material  |  | From  | To                                 |  |                                |                            |
| <u>Sandy Soil</u>  |  | <u>0</u>  | <u>2</u>                           | <u>Sunflower Plastic</u>   |                                |                            |
| <u>Soft Blue Shale</u>   |  | <u>2</u>  | <u>45</u>                          | <u>stycor</u> Dia. <u>5</u> "  |                                |                            |
| <u>Hard Shale</u>  |  | <u>45</u>   | <u>57</u>                          | Slot gauge <u>.06</u> Length <u>31</u> "   |                                |                            |
| <u>Soft Blue Shale</u>   |  | <u>57</u>   | <u>60</u>                          | Set between <u>40</u> ft. and <u>71</u> ft.  |                                |                            |
| <u>Limestone</u>   |  | <u>60</u>   | <u>71</u>                          | Gravel pack? <u>yes</u> size range of material <u>1/4-1/8"</u>   |                                |                            |
|  |  |   |                                    | 11. Static water level: <u>40</u> ft. below land surface Date <u>10-27-75</u>  |                                |                            |
|  |  |   |                                    | 12. Pumping level below land surfaces:<br><u>      </u> ft. after <u>      </u> hrs. pumping <u>      </u> g.p.m.<br><u>      </u> ft. after <u>      </u> hrs. pumping <u>      </u> g.p.m.<br>Estimated maximum yield <u>      </u> g.p.m.   |                                |                            |
|  |  |   |                                    | 13. Water sample submitted: <u>      </u> mo./day/yr.<br><input type="checkbox"/> Yes <input type="checkbox"/> No Date <u>      </u>   |                                |                            |
|  |  |   |                                    | 14. Well head completion: <u>12</u> capped<br><input type="checkbox"/> Pitless adapter <u>      </u> Inches above grade  |                                |                            |
|  |  |   |                                    | 15. Well grouted? <u>yes</u><br>With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete<br>Depth: From <u>40</u> ft. to <u>14</u> ft.   |                                |                            |
|  |  |   |                                    | 16. Nearest source of possible contamination: <u>Septic Tank</u><br>ft. <u>50</u> Direction <u>50</u> Type <u>Septic Tank</u><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |                                |                            |
|  |  |   |                                    | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name <u>      </u><br>Model number <u>      </u> HP <u>      </u> Volts <u>      </u><br>Length of drop pipe <u>      </u> ft. capacity <u>      </u> g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                                |                            |
| 18. Elevation:   |  | 19. Remarks: <u>Flat Ground</u>   |                                    | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><u>Sharp Well Pump 236</u><br>Business name <u>Wichita, Kas.</u> License No. <u>      </u><br>Address <u>      </u><br>Signed <u>M. Arnold</u> Date <u>10-27-75</u><br>Authorized representative  |                                |                            |

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

Form WWC-5