

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

<input checked="" type="checkbox"/> Location of well:	County Butler	Fraction SE 1/4 NE 1/4 NE 1/4	Section number 28	Township number T 27 S R 4 E/W	Range number															
<input checked="" type="checkbox"/> Distance and direction from nearest town or city:	2.20. W 1/2 Mile		3. Owner of well: Barry Davis																	
Street address of well location if in city:	East of Augusta		R.R. or street: Box 428, 10225 E Kellogg																	
			City, state, zip code: Wichita Kan																	
<input checked="" type="checkbox"/> Locate with "X" in section below:	Sketch map:		6. Bore hole dia. 8 in. Completion date 8/9/78 Well depth 100 ft.																	
	<p style="font-size: 2em;">Acreage</p> <p style="font-size: 1.5em;">Well</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																	
			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																	
5. Type and color of material			From	To	9. Casing: Material PLS Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 6 in. 100 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. 175															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">Soil</td> <td style="width:25%; text-align: center;">0</td> <td style="width:25%; text-align: center;">4</td> </tr> <tr> <td style="text-align: center;">Rock yellow</td> <td style="text-align: center;">4</td> <td style="text-align: center;">20</td> </tr> <tr> <td style="text-align: center;">Clay yellow</td> <td style="text-align: center;">20</td> <td style="text-align: center;">40</td> </tr> <tr> <td style="text-align: center;">Lime L. gray</td> <td style="text-align: center;">40</td> <td style="text-align: center;">80</td> </tr> <tr> <td style="text-align: center;">Shale gray</td> <td style="text-align: center;">80</td> <td style="text-align: center;">100</td> </tr> </table>			Soil	0	4	Rock yellow	4	20	Clay yellow	20	40	Lime L. gray	40	80	Shale gray	80	100	10. Screen: Manufacturer's name Saint Louis Type 100 Dia. 6 Slot/gauze 1/16 Length 30 Set between 60 ft. and 80 ft. _____ ft. and _____ ft. Gravel pack? No Size range of material _____		
			Soil	0	4															
			Rock yellow	4	20															
			Clay yellow	20	40															
			Lime L. gray	40	80															
Shale gray	80	100																		
11. Static water level: _____ mo./day/yr. 50 ft. below land surface Date 8/10/78																				
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 10 GPH g.p.m.																				
13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____																				
14. Well head completion: _____ Pitless adapter _____ Inches above grade																				
15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.																				
16. Nearest source of possible contamination: ft. 400 Direction West Type Septic 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																				
(Use a second sheet if needed)																				
18. Elevation:	19. Remarks:		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. Winter Well Drill 251K Business name _____ License No. _____ Address Box 30 Augusta Kan Signed Charles Winter Date 8/10/78 Authorized representative																	

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

Form WWC-5

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 SE 1/4 NE 1/4