

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>1/4 SW 1/4 NE 1/4</u>		Section number <u>19</u>		Township number <u>T 28 S</u>		Range number <u>R 2 E</u>	
2. Distance and direction from nearest town or city: <u>1/4 mile south of 47th South on Woodlawn Street</u>				3. Owner of well: <u>Ray Vagg</u>					
Street address of well location if in city: <u>Woodlawn Street</u>				City, state, zip code: <u>Clearwater, Kans.</u>					
4. Locate with "X" in section below:				Sketch map: <u>on the East side of Road (Wichita), Kansas.</u>					
				6. Bore hole dia. <u>4</u> in. Completion date <u>2-25-76</u> Well depth <u>75</u> ft.					
				7. <input checked="" type="checkbox"/> Cable tool <input checked="" 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					
				9. Casing: Material <u>stainless steel</u> heights above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>75</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>200</u>					
5. Type and color of material				From		To			
<u>Topsoil</u>				<u>0</u>		<u>2</u>			
<u>Clay</u>				<u>2</u>		<u>20</u>			
<u>Limestone</u>				<u>20</u>		<u>22</u>			
<u>Shale</u>				<u>22</u>		<u>75</u>			
						10. Screen: Manufacturer's name <u>Sunallan plastic</u> Type <u>stainless</u> Dia. <u>5"</u> Net gauge <u>.06</u> Length <u>55'</u> Set between <u>20</u> ft. and <u>75</u> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4-1/8"</u>			
						11. Static water level: _____ mo./day/yr. <u>15</u> ft. below land surface Date <u>2-25-76</u>			
						12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.			
						13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____			
						14. Well head completion: _____ Pitless adapter <u>12</u> inches above grade <u>capped</u>			
						15. Well grouted? <u>yes</u> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>40</u> to <u>14</u> ft.			
						16. Nearest source of possible contamination: _____ ft. _____ Direction <u>East</u> Type <u>Septic Tank</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			
						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>Ray Vagg + Pump 236</u> Business name _____ License No. _____ Address <u>Wichita, Kans.</u> Signed <u>M. Arnold</u> Date <u>2-28-76</u> Authorized representative			
18. Elevation:		19. Remarks: <u>Flat Ground</u>							
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley									

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

Form WWC-5