

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

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|---|--------------|
| 1. Location of well: County <u>Sedgewick</u> Fraction <u>NW 1/4 NE 1/4 NW 1/4</u> Section number <u>34</u> Township number T <u>28</u> S R <u>20</u> E <u>N</u> | |
| 2. Distance and direction from nearest town or city: <u>1 No. 3 E, Derby KS</u> 3. Owner of well: <u>21st Electric</u> Street address of well location if in city: <u>12222 FURNIDE Ln Wichita</u> R.R. or street: <u>512 W. 21st No</u> City, state, zip code: <u>Wichita KS 67204</u> | |
| 4. Locate with "X" in section below: Sketch map: | |
| 5. Type and color of material | |
| | From To |
| <u>Top soil.</u> | <u>0 2</u> |
| <u>Red clay.</u> | <u>2 12</u> |
| <u>Red-Rockish formation</u> | <u>12 48</u> |
| <u>GRAY clay.</u> | <u>48 52</u> |
| <u>Charcoal shale.</u> | <u>52 72</u> |
| <u>white mica.</u> | <u>72 -</u> |
| 6. Bore hole dia. <u>11</u> in. Completion date <u>6/1/78</u> Well depth <u>80</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>Steel</u> Height: <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC Weight <u>1.50</u> lbs./ft. Dia. <u>5</u> in. to <u>80</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>1200</u> | |
| 10. Screen: Manufacturer's name <u>Sunflower</u> Type <u>200</u> Dia. <u>5</u> in. Slot gauge <u>1/16</u> Length <u>40</u> ft. Set between <u>40</u> ft. and <u>80</u> ft. Gravel pack? <u>yes</u> Size range of material <u>3/8</u> | |
| 11. Static water level: <u>39</u> ft. below land surface Date <u>6/1/78</u> mo./day/yr. | |
| 12. Pumping level below land surfaces: <u>51</u> ft. after <u>1/2</u> hrs. pumping <u>12</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>15-20</u> g.p.m. | |
| 13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u> | |
| 14. Well head completion: <u> </u> Pitless adapter <u>12</u> inches above grade | |
| 15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>6</u> ft. to <u>16</u> ft. | |
| 16. Nearest source of possible contamination: <u>75</u> ft. Distance <u> </u> ft. 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 <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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: Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | 19. Remarks: |
| 20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is to the best of my knowledge and belief. <u>Whangas Dilling 318</u> Business name <u> </u> License No. <u> </u> Address <u> </u> Signed <u> </u> Date <u>6/1/78</u> Authorized representative | |

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

Form WWC-5

38-20-34 NW 1/4 NE 1/4