

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>Butler</u>	Fraction: <u>SW 1/4 NE 1/4 NE 1/4</u>	Section number: <u>4</u>	Township number: <u>T 28</u>	Range number: <u>S R 3 E/W</u>
2. Distance and direction from nearest town or city: <u>6 N 2 E</u>		3. Owner of well: <u>EHLand</u>				
Street address of well location if in city: <u>Rose Hill</u>		R.R. or street: <u>16205 East Pawnee</u>				
		City, state, zip code: <u>Wichita Kan 67230</u>				
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>8</u> in. Completion date <u>5/25/79</u> Well depth <u>108</u> ft.	
					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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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>1 1/2</u> Height: Above or below Threaded <input type="checkbox"/> Welded <u>9/16</u> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC <u>100</u> Weight <u>100</u> lbs./ft. Dia. <u>5</u> in. to <u>1 1/2</u> ft. depth <u>100</u> Wall Thickness: inches or Dia. <u>5</u> in. to <u>1 1/2</u> ft. depth <u>100</u> Gauge No. <u>1175</u>	
5. Type and color of material		From	To	10. Screen: Manufacturer's name <u>San Rower</u>		
<u>Soil</u>		<u>0</u>	<u>5</u>	Type <u>100</u> Dia. <u>5</u>		
<u>clay</u>		<u>5</u>	<u>10</u>	Slot/gauze <u>1/16</u> Length <u>20</u>		
<u>Rock</u>		<u>10</u>	<u>25</u>	Set between <u>60</u> ft. and <u>80</u> ft.		
<u>clay</u>		<u>25</u>	<u>45</u>	Gravel pack? <u>None</u> Size range of material		
<u>Shale</u>		<u>45</u>	<u>60</u>	11. Static water level: <u>50</u> ft. below land surface Date <u>5/35/79</u>		
<u>water</u>		<u>60</u>	<u>75</u>	12. Pumping level below land surfaces: <u>Bailin 9</u>		
<u>Lime</u>		<u>60</u>	<u>75</u>	<u>60</u> ft. after <u>7</u> hrs. pumping <u>20</u> g.p.m.		
<u>Shale</u>		<u>75</u>	<u>100</u>	<u>20</u> ft. after <u>7</u> hrs. pumping <u>20</u> g.p.m.		
				Estimated maximum yield <u>20</u> g.p.m.		
				13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date		
				14. Well head completion: <u>Pitless adapter</u> <u>0</u> inches above grade		
				15. Well grouted? <u>yes</u> With: <u>Neat cement</u> <u>Bentonite</u> <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: <u>Barn</u> ft. <u>200</u> Direction <u>SW</u> Type <u>Barn</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		
		(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.			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			<u>Water Well Drilling</u> Business name <u>Box 30 Augusta</u> License No. <u>1/4</u> Address <u>Charles Wenter</u> Date <u>3/14/80</u> Signed _____ Authorized representative			

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

Form WWC-5