USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

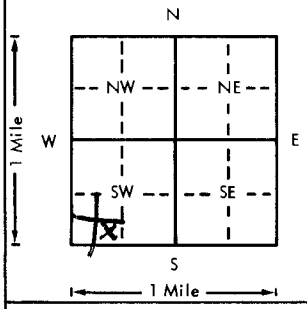
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	SE 1/4 SW 1/4 SW 1/4	26	T 29 S	R 2 E/W

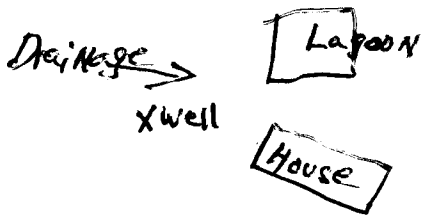
2. Distance and direction from nearest town or city: 2E 1N ½E of Mulvane KS
Street address of well location if in city:

3. Owner of well: Jim Elliston
R.R. or street: R#1 Box 441
City, state, zip code: Mulvane Ks. 67110

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 9 in. Completion date 8-1-79
Well depth 25 ft.

7. X Cable tool ___ Rotary ___ Driven ___ Dug
___ Hollow rad ___ Jetted ___ Bored ___ Reverse rotary

8. Use: X Domestic ___ Public supply ___ Industry
___ Irrigation ___ Air conditioning ___ Stock
___ Lawn ___ Oil field water ___ Other

9. Casing: Material PVC Height: Above ~~or below~~
Threaded ___ Welded glue Surface 12 in.
RMP ___ PVC X Weight ___ lbs./ft.
Dia. 5 in. to 25 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 300

5. Type and color of material	From	To
Top soil	0	1
Clay brown	1	6
clay gray	6	29
Clay yellow	29	36
Clay gray green	36	45
clay yellow	45	64
Shale blue gray	64	75
(water at 65')		
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Jet Stream
Type PVC Dia. 5"
Slot/gauze .016 Length 20'
Set between 55 ft. and 75 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material #8-#4

11. Static water level: mo./day/yr.
65 ft. below land surface Date 8-1-79

12. Pumping level below land surfaces: NA
___ 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.
___ Yes X No Date ___

14. Well head completion:
___ Pitless adapter 12 Inches above grade

15. Well grouted? yes
With: ___ Neat cement ___ Bentonite X Concrete
Depth: From 10 ft. to 0 ft.

16. Nearest source of possible contamination:
ft. 80 Direction NE Type ~~lagoon~~
Well disinfected upon completion? X Yes ___ No

17. Pump: X Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

18. Elevation:

Topography:
___ Hill
X Slope
___ Upland
___ Valley

19. Remarks: owner will install concrete slab at ground level

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.
Braddy water wells 363
Business name License No.
Address R3 Douglass KS
Signed Richard Braddy Date 8-4-79
Authorized representative

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

Form WWC-5

MT-1023

T 29 R 2 (E/W) Sec 26 1/4 1/4 1/4 SE SW SW