

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>Sumner</u>                      | Fraction: <u>1/4 NE 1/4 SE 1/4</u>         | Section number: <u>16</u>  | Township number: T <u>30</u> S | Range number: R <u>1</u> E |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
|---|--|--|--|--------------------------------|----------------------------|----------------|----------|----------|-------------|----------|-----------|------------------|-----------|-----------|--------------------|-----------|-----------|--------------|-----------|-----------|---|--|--|
| 2. Distance and direction from nearest town or city: <u>R #2</u>  | 3. Owner of well: <u>Don Nielsen Const</u> |  | R.R. or street: <u>R #2</u>  |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
| Street address of well location if in city: <u>Dele Plains, KS</u>  |  | City, state, zip code: <u>Peck, Kansas</u> |  |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
| 4. Locate with "X" in section below:  |  |  | 6. Bore hole dia. <u>4</u> in. Completion date <u>4-6-76</u>   |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
| <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <p>Sketch map:</p> </div> <div> <p><u>2 1/2</u> mi. S of Sedgwick County line and West of Hydraulic</p> </div> </div>   |  |  | Well depth: <u>34</u> ft.  |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
| 5. Type and color of material   |  |  | 7. Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug      |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td><u>Topsoil</u></td> <td><u>0</u></td> <td><u>3</u></td> </tr> <tr> <td><u>Clay</u></td> <td><u>3</u></td> <td><u>15</u></td> </tr> <tr> <td><u>Fine Sand</u></td> <td><u>15</u></td> <td><u>20</u></td> </tr> <tr> <td><u>Medium Sand</u></td> <td><u>20</u></td> <td><u>31</u></td> </tr> <tr> <td><u>Shale</u></td> <td><u>31</u></td> <td><u>34</u></td> </tr> </tbody> </table> |  |  |  | From                           | To                         | <u>Topsoil</u> | <u>0</u> | <u>3</u> | <u>Clay</u> | <u>3</u> | <u>15</u> | <u>Fine Sand</u> | <u>15</u> | <u>20</u> | <u>Medium Sand</u> | <u>20</u> | <u>31</u> | <u>Shale</u> | <u>31</u> | <u>34</u> | 8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry |  |  |
|   |  |  |  | From                           | To                         |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
| <u>Topsoil</u>  | <u>0</u>                                   | <u>3</u>                                   |  |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
| <u>Clay</u>   | <u>3</u>                                   | <u>15</u>                                  |  |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
| <u>Fine Sand</u>  | <u>15</u>                                  | <u>20</u>                                  |  |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
| <u>Medium Sand</u>  | <u>20</u>                                  | <u>31</u>                                  |  |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
| <u>Shale</u>  | <u>31</u>                                  | <u>34</u>                                  |  |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
|   |  |  | <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>STYRENE</u> Height: Above or below  |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
|   |  |  | Threaded <input type="checkbox"/> Welded <u>GL</u> Surface <u>12</u> in.   |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
|   |  |  | RMP <input checked="" type="checkbox"/> PVC Weight <u>        </u> lbs./ft.  |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
|   |  |  | Dia. <u>5</u> in. to <u>34</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 PLASTIC</u>   |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
|   |  |  | Type <u>STYRENE</u> Dia. <u>5"</u>   |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
|   |  |  | Slot/auze <u>.06</u> Length <u>10'</u>   |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
|   |  |  | Set between <u>24</u> ft. and <u>34</u> ft.  |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
|   |  |  | Gravel pack? <u>YES</u> Size range of material <u>1/4-1/8"</u>   |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
|   |  |  | 11. Static water level: <u>15</u> ft. below land surface Date <u>4-6-76</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.   |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
|   |  |  | Yes <input type="checkbox"/> No <input type="checkbox"/> Date ____   |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
|   |  |  | 14. Well head completion: <u>12</u> <u>Cappel</u>  |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
|   |  |  | ____ Pitless adapter ____ Inches above grade   |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
|   |  |  | 15. Well grouted? <u>YES</u>   |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
|   |  |  | With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Benignite <input checked="" type="checkbox"/> Concrete |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
|   |  |  | Depth: From <u>40'</u> to <u>14'</u>   |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
|   |  |  | 16. Nearest source of possible contamination: <u>Septic</u>  |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
|   |  |  | ft. <u>60</u> Direction <u>SE</u> Type <u>Line</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  |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
| 18. Elevation:  |  |  | 20. Water well contractor's certification:   |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
| 19. Remarks: <u>Flat Ground</u>   |  |  | This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.                |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
| Topography:   |  |  | <u>HARP WELL+ Pump Serv</u> License No. <u>236</u>   |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
| <input type="checkbox"/> Hill   |  |  | Business name <u>WICHITA, KANSAS</u>   |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
| <input type="checkbox"/> Slope  |  |  | Address <u>        </u>  |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
| <input type="checkbox"/> Upland   |  |  | Signed <u>M. Arnold</u> Date <u>4-16-76</u>  |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |
| <input type="checkbox"/> Valley   |  |  | Authorized representative <u>        </u>  |                                |                            |                |          |          |             |          |           |                  |           |           |                    |           |           |              |           |           |   |  |  |

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