

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 SE 1/4 SE 1/4</u>	Section number: <u>16</u>	Township number: <u>T 30 S R 1 E</u>	Range number: <u>1</u>										
2. Distance and direction from nearest town or city:	Street address of well location if in city: <u>#47 Heitman Belle Plain,</u>		3. Owner of well: <u>Don Michelson Constr.</u> R.R. or street: <u>R#</u> City, state, zip code: <u>Peck, Kansas</u>												
4. Locate with "X" in section below:	Sketch map: <u>Kansas</u> <u>2 3/4 So of Sedgewick County line and West of Hydraulic</u>		6. Bore hole dia. <u>5</u> in. Completion date <u>4-6-76</u> Well depth <u>35</u> ft.												
	7. 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											
	5. Type and color of material			9. Casing: Material <u>STYRENE</u> Weight: <u>12</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> GL Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC Weight _____ lbs./ft. Dia <u>5</u> in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>1200</u>											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">From</th> <th style="width:20%;">To</th> </tr> </thead> <tbody> <tr> <td><u>Sandy loessil</u></td> <td><u>0 2</u></td> </tr> <tr> <td><u>Clay</u></td> <td><u>2 10</u></td> </tr> <tr> <td><u>Medium Sand</u></td> <td><u>10 33</u></td> </tr> <tr> <td><u>Shale</u></td> <td><u>33 35</u></td> </tr> </tbody> </table>			From	To	<u>Sandy loessil</u>	<u>0 2</u>	<u>Clay</u>	<u>2 10</u>	<u>Medium Sand</u>	<u>10 33</u>	<u>Shale</u>	<u>33 35</u>	10. Screen: Manufacturer's name <u>SUNFLOWER PLASTIC</u> Type <u>STYRENE</u> Dia. <u>5"</u> Slot gauze <u>106</u> Length <u>10'</u> Set between <u>25</u> ft. and <u>35</u> ft. Gravel pack? <u>YES</u> Size range of material <u>1/4-1/8"</u>		
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			11. Static water level: _____ mo./day/yr. <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. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____												
			14. Well head completion: _____ Pitless adapter _____ Inches above grade <u>12 Capped</u>												
			15. Well grouted? <u>YES</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>40'</u> to <u>14'</u> ft.												
			16. Nearest source of possible contamination: _____ ft. _____ Direction _____ Type _____ 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: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other												
(Use a second sheet if needed)															
18. Elevation:	19. Remarks: <u>Septic Tank not installed when well was drilled.</u> <u>No apparent source for Contamination.</u>		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>HARPWELL PUMP 236</u> Business name _____ License No. _____ Address <u>WICHITA, KANSAS</u> Signed <u>M. Arnold</u> Date <u>4-16-76</u> Authorized representative												

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

Form WWC-5