

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 W</u> Range number <u>1 D</u>				
2. Distance and direction from nearest town or city: <u>#30 Hoods</u> Street address of well location if in city: <u>Belle Plaine</u> 3. Owner of well: <u>Don Nicholson Const.</u> R.R. or street: <u>R #1</u> City, state, zip code: <u>Peck, Kansas</u>				
4. Locate with "X" in section below: Sketch map: <u>Kansas</u> <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>1 Mile</p> <p>1 Mile</p> </div> <div> <p><u>2 3/4 South of Sedgwick County line and West of Hydraulic</u></p> </div> </div>				
5. Type and color of material				
<u>Topsoil</u>	From	To	6. Bore hole dia. <u>4</u> in. Completion date <u>4-6-76</u> Well depth <u>30</u> ft.	
<u>Clay</u>	0	3	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	
<u>Medium Sand</u>	3	10	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	
<u>Shale</u>	10	29	9. Casing: Material <u>STYRENE</u> Weight: <u>Above</u> or below Threading <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>30</u> ft. depth Wall Thickness: inches or Dia. <u>    </u> in. to <u>    </u> ft. depth gage No. <u>200</u>	
	29	30	10. Screens: Manufacturer's name <u>SUNFLOWER PLASTIC</u> Type <u>STYRENE</u> Dia. <u>5</u> Slot gauge <u>106</u> Length <u>10</u> Set between <u>20</u> ft. and <u>30</u> ft. <u>    </u> ft. and <u>    </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> mo./day/yr.	
			12. Pumping level below land surfaces: <u>    </u> ft. after <u>    </u> hrs. pumping <u>    </u> g.p.m. <u>    </u> ft. after <u>    </u> hrs. pumping <u>    </u> g.p.m. Estimated maximum yield <u>    </u> g.p.m.	
			13. Water sample submitted: <u>    </u> mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date <u>    </u>	
			14. Well head completion: <u>12</u> Capped <input type="checkbox"/> 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>40</u> to <u>14</u> ft.	
			16. Nearest source of possible contamination: <u>Septic Tank</u> ft. <u>60</u> Direction <u>SE</u> Type <u>    </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:	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. <u>HARP WELL PUMP 236</u> Business name <u>WICHITA, KANSAS</u> License No. <u>    </u> Address <u>    </u> Signed <u>M. Arnold</u> Date <u>4-16-76</u> Authorized representative	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				

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

Form WWC-5