

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>Sevier</u>		Fraction <u>1/4 SE 1/4 SE 1/4</u>		Section number <u>16</u>		Township number T <u>30</u> S R <u>1</u> E W <u>1</u>		Range number	
2. Distance and direction from nearest town or city: <u>2 3/4 South of the Sedgwick</u>				3. Owner of well: <u>Don Nicholson Const.</u>					
Street address of well location if in city: <u>the Sedgwick</u>				R.R. or street: <u>R#1</u>		City, state, zip code: <u>Dick, Kansas</u>			
4. Locate with "X" in section below: County <u>Sevier</u> line and West of Hydraulic R#2 Belle Plain, Ks.				Sketch map:		6. Bore hole dia. <u>5</u> in. Completion date <u>4-6-76</u> Well depth <u>31</u> ft.			
						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			
5. Type and color of material				From		To		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>Topsoil</u>				<u>0</u>		<u>3</u>		9. Casing: Material <u>STYRENE</u> Weight: <u>9L</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC Weight <u>12</u> lbs./ft. Dia. <u>5</u> in. to <u>31</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>31</u> ft. depth gage No. <u>200</u>	
<u>Clay</u>				<u>3</u>		<u>15</u>		10. Screen: 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>21</u> ft. and <u>31</u> ft. Gravel pack? <u>YES</u> size range of material <u>1/4-1/8"</u>	
<u>Medium Sand</u>				<u>15</u>		<u>30</u>		11. Static water level: <u>15</u> ft. below land surface Date <u>4-6-76</u> mo./day/yr.	
<u>Shale</u>				<u>30</u>		<u>31</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: <u>12 Capped</u> <input type="checkbox"/> Pitless adapter ____ 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 1/2</u> to <u>14</u> ft.	
								16. Nearest source of possible contamination: <u>Septic Tank</u> ft. <u>100</u> Direction <u>NE</u> Type <u>Septic Tank</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: <u>Flat Ground</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>HARP WELL 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			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley									

T 30
 R 1
 E W 1
 Sec 16
 SESE
 1/4 1/4 1/4

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

Form WWC-5