

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 NE 1/4</u>		Section number <u>10</u>		Township number T <u>305</u> S <u>2</u> E <u>W</u>		Range number	
2. Distance and direction from nearest town or city: <u>3 E of Mulvane</u>				3. Owner of well: <u>Lockwood Shigo</u>					
Street address of well location if in city: <u>150. 1/4 West of</u>				R.R. or street: <u>1243 Dry Creek</u>					
				City, state, zip code: <u>Derry, Kansas</u>					
4. Locate with "X" in section below: Sketch map: <u>Mulvane, Kansas</u>				6. Bore hole dia. <u>5 1/2</u> in. Completion date <u>6-28-76</u>					
				Well depth <u>53</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					
				9. Casing: Material <u>STYRENE</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>53</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>1200</u>					
5. Type and color of material				From		To			
<u>Sandy Clay</u>				<u>0</u>		<u>15</u>			
<u>Limestone Rock</u>				<u>15</u>		<u>18</u>			
<u>Shale</u>				<u>18</u>		<u>53</u>			
						10. Screen: Manufacturer's name <u>SUNFLOWER PLASTIC</u>			
						Type <u>STYRENE</u> Dia. <u>5"</u>			
						Slot gauze <u>.06</u> Length <u>30'</u>			
						Set between <u>28</u> ft. and <u>33</u> ft.			
						_____ ft. and _____ ft.			
						Gravel pack? <u>YES</u> Size range of material <u>1/4-1/8"</u>			
						11. Static water level: _____ mo./day/yr. <u>20</u> ft. below land surface Date <u>6-28-76</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 _____ No _____ Date _____			
						14. Well head completion: _____ Pitless adapter <u>12</u> Capped _____ inches above grade			
						15. Well grouted? <u>YES</u> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>40"</u> ft. to <u>14</u> ft.			
						16. Nearest source of possible contamination: <u>None</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ 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>No apparent source for contamination.</u> <u>Septic tank not installed when well was drilled.</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>8-16-76</u> Authorized representative			
Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley									

30 2 10 SE NE

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

Form WWC-5