

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 Wichita	Fraction SW 1/4 NW 1/4 SE 1/4	Section number 5	Township number T 20 S R 38 E/W	Range number
2. Distance and direction from nearest town or city: 11 mi. E., 9 so. & 1/2 mi. N. of Tribune, Ks. Street address of well location if in city:			3. Owner of well: Dave Woelk R.R. or street: Rt. 1 Box 11 City, state, zip code: Tribune, Kans. 67879		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>5</u> in. Completion date _____ Well depth <u>195</u> ft. <u>7-15-79</u>	
		<p style="text-align: center;">X 100 yds. to fence 500 yds. to farm house</p>		7. <input checked="" type="checkbox"/> Cable tool <input 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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
5. Type and color of material			From	To	9. Casing: Material <u>Pvc.</u> Height: Above or below Threaded _____ Welded _____ Surface <u>18</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>175</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>2.50</u>
Top soil			0	20	10. Screen: Manufacturer's name _____ Type <u>Plastic</u> Dia. <u>4"</u> Slot/gauze <u>Slot</u> Length <u>20 ft.</u> Set between <u>175</u> ft. and <u>195</u> ft. _____ ft. and _____ ft. Gravel pack? <u>No</u> Size range of material _____
Clay			20	50	11. Static water level: _____ mo./day/yr. <u>145</u> ft. below land surface Date <u>7-15-79</u>
Sand			50	75	12. Pumping level below land surfaces: <u>180</u> ft. after <u>2</u> hrs. pumping <u>15</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>30</u> g.p.m.
Clay & Lime			75	120	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____
Sand			120	165	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>18</u> inches above grade
Clay & little sand			165	174	15. Well grouted? _____ With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From _____ ft. to <u>25</u> ft.
Sand (coarse)			174	194	16. Nearest source of possible contamination: ft. <u>1,000</u> Direction <u>south</u> Type <u>Feedlot</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Clay			194	195	17. Pump: _____ Not installed Manufacturer's name <u>2 1/2 in. Cylinder</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>160</u> ft. capacity <u>3</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 checked="" 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. Ark Valley Pump & Supply 123 Business name <u>BOX 235</u> License No. _____ Address <u>Holly, Col. 81047</u> Signed <u>[Signature]</u> Date <u>11-20-79</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 20 S R 38 E
Sec 5
1/4 1/4 1/4

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

Form WWC-5