

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 Stafford | Fraction NE 1/4 SW 1/4 SE 1/4 | Section number 30 | Township number T 21 S | Range number R 13 W | |
| 2. Distance and direction from nearest town or city: 1 N | | | 3. Owner of well: H-30 DR 19, INC | | | | |
| Street address of well location if in city: Seward, KS | | | R.R. or street: 200 N. MAIN | | | | |
| | | | City, state, zip code: Wichita, KS | | | | |
| 4. Locate with "X" in section below: | | Sketch map: | | | 6. Bore hole dia. <u>5</u> in. Completion date 8-12-76 Well depth 50 ft. | | |
| | | | | | 7. <input 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 | | |
| | | | | | 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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other | | |
| | | | | | 9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>2</u> in. to <u>50</u> ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth gage No. <u>Sch 40</u> | | |
| 5. Type and color of material | | From | To | 10. Screen: Manufacturer's name <u>MPI</u> | | | |
| Top Soil - Clay | | 0 | 14 | Type <u>PVC</u> Dia. <u>2"</u> | | | |
| Sand | | 14 | 20 | Slot/gauze <u>1/8"</u> Length <u>20'</u> | | | |
| Clay | | 20 | 26 | Set between <u>30</u> ft. and <u>50</u> ft. | | | |
| Sand - Gravel | | 26 | 50 | Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8-3/4</u> | | | |
| | | | | 11. Static water level: _____ mo./day/yr. <u>13</u> ft. below land surface Date <u>8-12-76</u> | | | |
| | | | | 12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</u> g.p.m. | | | |
| | | | | 13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____ | | | |
| | | | | 14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade | | | |
| | | | | 15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft. | | | |
| | | | | 16. Nearest source of possible contamination: ft. <u>65</u> Direction <u>SE</u> Type <u>Oil TEST</u> Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| | | | | 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: | | | 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. Kellys Water Well Ser. 186 Business name _____ License No. _____ Address <u>R2 Great Bend, KS</u> Signed <u>Kelly Price</u> Date <u>8-15</u> Authorized representative | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | | | |

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

Form WWC-5