

USE TYPEWRITER OR BALL
POINT PEN—PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82g-1201-1215

T		R		EW		sec	1/4	1/4	1/4	No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

Could not find

1 Location of well:	County Harvey	Township name	Fraction NW 1/4 SE 1/4 SE 1/4	Section number 29	Town number 24S	Range number 1 W
Distance and direction from nearest town or city: .5 N, 1 W, .25 N of Sedgwick				3 Owner of well: Duane McGinn Address: Sedgwick, Kansas		
Locate with "X" in section below:		Sketch map:		4 Well depth: 95 ft. Date of completion 10/27 Well diameter 30 in.		
		Open field 		5 <input 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 checked="" type="checkbox"/> Reverse rotary		
2		Type and color of material		6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
				7 Casing: Material Cem-Asb Height: above /below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 10 in. Diam. 16 in. to 95 ft. depth Weight 16 lbs./ft. to 95 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				8 Screen: Manufacturer Johnson Type Cem-Asb Dia. 16" Slot/gauze 1/4 Length 40' Set between 55 ft. and 95 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 3/4		
				9 Static water level: _____ ft. below land surface Date _____		
				10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 900 g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> _____ inches above grade		
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 10 ft.		
				14 Nearest source of possible contamination: ft. 1200 Direction NE Type Dom Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Peerless Model number G15445 HP _____ Volts _____ Length of drop pipe 80 ft. capacity 700 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
				16 Remarks: elevation		
				17 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. Weninger Drilling 238 Business name License No. Address Maize, Kansas 67101 Signed Don Weninger Date 11-20 Authorized representative		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

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