

West well-south group

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

Near center of north $\frac{1}{2}$ of NE $\frac{1}{4}$

1. Location of well:	County Edwards	Fraction 1/4 NW 1/4 NE 1/4	Section number 24	Township number T 24 S	Range number R 19 E/W
2. Distance and direction from nearest town or city: 3 east & 1-3/4 north of Kinsley <small>Street address of well location if in city:</small>			3. Owner of well: Mid-America Land Co R.R. or street: 5105 east 21st City, state, zip code: Wichita, Kansas		
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. <u>28</u> in. Completion date _____ Well depth <u>30</u> ft. <u>9-2-77</u>		
			7. <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		
			8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
5. Type and color of material			9. Casing: Material <u>metal</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>31.66</u> lbs./ft. Dia. <u>16</u> in. to <u>30</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>188</u>		
			10. Screen: Manufacturer's name <u>W. A. Brown</u> Type <u>1 7/8 Free-flow</u> Dia. <u>16</u> Slot/gauze <u>1/8</u> Length <u>20</u> Set between <u>10</u> ft. and <u>30</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>1/2 down</u>		
			11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____		
			12. Pumping level below land surfaces: <u>NA</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>NA</u> g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
			14. Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> _____ inches above grade		
			15. Well grouted? <u>no</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.		
			16. Nearest source of possible contamination: ft. <u>1500</u> Direction <u>west</u> Type <u>river</u> Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No <input 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:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	10' of grout and pump slab to be furnished by customer-he knows this is a regulation <i>Mid America Land Co</i> <i>by T. Schaller</i>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Ace-Hi International <u>190</u> Business name License No. Address Dodge City, Kansas Signed <u>Carl G. Gittel</u> Date <u>9-30-</u> Authorized representative		

24 19 E/W
 Sec 1/4 1/4 NE 1/4

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

Form WWC-5