

East 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 $\frac{1}{4}$ of NE $\frac{1}{4}$

1. Location of well:		County Edwards	Fraction 1/4 N 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 Street address of well location if in city:				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 or below</u> 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. <u> </u> in. to <u> </u> 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 <u> </u> ft. Gravel pack? <u>yes</u> Size range of material <u>down</u>		
				11. Static water level: _____ mo./day/yr. <u>7</u> 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 type="checkbox"/> No <input checked="" 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>1700</u> Direction <u>west</u> Type <u>river</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:		
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 190 Business name License No. Address Dodge City, Kansas Signed <i>Paul B. [Signature]</i> Date 9-30-77 Authorized representative		

T 24 S
 R 19 E/W
 Sec 24
 1/4 1/4 1/4 1/4

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

Form WWC-5