

Center well-center group

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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 Edwards	Fraction NW 1/4 NW 1/4 SE 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 mi east & 1 1/2 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: N W E S 1 Mile 1 Mile			Sketch map: 		6. Bore hole dia. 28 in. Completion date _____ Well depth 30 ft. 9-1-77		
5. Type and color of material			From	To	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		
Surface			0	3	9. Casing: Material metal Height: Above or below _____ Threaded _____ Welded <input checked="" type="checkbox"/> Surface 12 in. RMP _____ PVC _____ Weight 48.40 lbs./ft. Dia. 18 in. to 30 ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. 250		
Good med. sand and gravel			3	24	10. Screen: Manufacturer's name _____ Foster Type Mill slot Dia. 18 Slot/gauze 1/8 Length 20 Set between 10 ft. and 30 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material 1/2 down		
Blue clay			24	30	11. Static water level: _____ mo./day/yr. 7 ft. below land surface Date _____		
					12. Pumping level below land surfaces: NA _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield NA g.p.m.		
					13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____		
					14. Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		
					<input checked="" type="checkbox"/> Well grouted? no With: _____ Neat cement _____ Bentonite _____ Concrete _____ Depth: From _____ ft. to _____ ft.		
					16. Nearest source of possible contamination: ft. 1600 Direction west Type river Well disinfected upon completion? _____ Yes _____ No		
					17. Pump: _____ Not installed Manufacturer's name Goulds Model number 10JHMO HP 60 Volts _____ Length of drop pipe 20 ft. capacity 800 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		
(Use a second sheet if needed)					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. Ace-Hi International 190 Business name _____ License No. _____ Address Dodge City, Kansas Signed Carl G. Smith Date 9-7-77 Authorized representative		
18. Elevation:		19. Remarks: 10' of grout and pump slab to be furnished by customer-he knows this is a regulation Mid America Land Co by T. Schaller				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. Ace-Hi International 190 Business name _____ License No. _____ Address Dodge City, Kansas Signed Carl G. Smith Date 9-7-77 Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley							

T 24 S R 19 E Sec 24 NW 1/4 NE 1/4

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

Form WWC-5