

West well-center 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

| | | | | | | | |
|---|--|--|---|--|--------------------------------|--|------------|
| 1. Location of well: | | County Edwards | Fraction NW 1/4 NW 1/4 SE 1/4 | Section number 24 | Township number T 24 | Range number S 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 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 | |
| | | | | | | 9. Casing: Material metal Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 31:66 lbs./ft. Dia. 16 in. to 30 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. .188 | |
| | | | | | | 10. Screen: Manufacturer's name _____ W. A. Brown Type 1 7/8 Free-flo Dia. 16 Slot/gauze 1/8 Length 20 Set between 10 ft. and 30 ft. ft. and _____ ft. Gravel pack? yes Size range of material 1/2 down | |
| | | | | | | 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 <input type="checkbox"/> Date _____ | |
| | | | | | | 14. Well head completion: _____ <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade | |
| | | | | | | 15. Well grouted? no With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft. | |
| | | | | | | 16. Nearest source of possible contamination: ft. 1500 Direction west Type river 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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley | | 19. Remarks: 10' of grout and pump slab to be furnished by customer-he knows this is a regulation <i>Mid American Land Co</i> <i>Ray T. Schell</i> | | | | 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 <i>Carl G. Atch</i> Date 9-30-77 Authorized representative | |

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

Form WWC-5