

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

Johnson - Packer #2

1. Location of well: County <u>Edwards</u> Fraction <u>C 1/4 NE 1/4 SE 1/4</u> Section number <u>18</u> Township number <u>T 25</u> Range number <u>R 16</u> E/W	
2. Distance and direction from nearest town or city: <u>Bellevue Ks</u> 5 miles <u>South</u> Street address of well location if in city: <u>West Side</u> 1 west 1/4 north	
3. Owner of well: <u>A. R. Lovick</u> R.R. or street: <u>301 South Broadway</u> City, state, zip code: <u>Wichita, Ks, 67202</u>	
4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>N</p> <p>W E</p> <p>S</p> <p>1 Mile</p> </div> </div>	
5. Type and color of material	
	From To
<u>Sandy Clay</u>	<u>0</u> <u>18</u>
<u>Clay</u>	<u>18</u> <u>25</u>
<u>Fine Sand</u>	<u>25</u> <u>35</u>
<u>Clay</u>	<u>35</u> <u>40</u>
<u>Gravel</u>	<u>40</u> <u>70</u>
(Use a second sheet if needed)	
18. Elevation:	19. Remarks:
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	
6. Bore hole dia. <u>9</u> in. Completion date <u>1-30-79</u> Well depth <u>70</u> ft.	
7. <input checked="" type="checkbox"/> Cable tool <input checked="" 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 type="checkbox"/> Reverse rotary	
8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material <u>9</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>28.3</u> lbs./ft. Dia. <u>5</u> in. to <u>70</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>70</u> ft. depth gage No. <u>200-1265</u>	
10. Screen: Manufacturer's name <u>Faceless</u> Type <u>Saw</u> Dia. <u>5</u> Slot/gauze <u>1/8</u> Length <u>20</u> Set between <u>70</u> ft. and <u>50</u> ft. Grovel pack? <u>yes</u> Size range of material <u>1/4-1/8</u>	
11. Static water level: <u>21</u> ft. below land surface Date <u>1-30-79</u>	
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade	
15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: ft. _____ Direction _____ Type <u>None</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	
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. <u>Mike Bates Well</u> <u>1/3</u> Business name License No. Address <u>Great Bend Ks 67530</u> Sign <u>Raymond</u> Date <u>1-30-79</u> Authorized representative	

T 25
 R 16
 Sec 18
 C NESE
 1/4 1/4 1/4

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

Form WWC-5