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	Fraction	Section number	Township number	Range number
	Sedgwick	SW1/4 SW1/4 NW1/4	1	T 25 S	R 3 E (W)

2. Distance and direction from nearest town or city:
Street address of well location if in city: 3 E, 2½ N Mt. Hope

3. Owner of well: McCurry Bros.
R.R. or street:
City, state, zip code: Mt. Hope, Ks.

4. Locate with "X" in section below: Sketch map:

N
NW | NE
W X | E
SW | SE
S
1 Mile ← → 1 Mile

open field

6. Bore hole dia. 30 in. Completion date 7/1/77
Well depth 52 ft.

7. __ Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored X Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
X Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material C-Asb Height: Above or below
Threaded ___ Welded ___ Surface 12 in.
RMP ___ PVC ___ Weight ___ lbs./ft.
Dia. 16 in. to 39 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 3/4"

5. Type and color of material	From	To
Topsoil	0	1
Clay / fine Sand	1	25
Med. Sand	25	38
Clay	38	40
Good Gravel	40	52

(Use a second sheet if needed)

10. Screen: Manufacturer's name Johnson
Type Cem-Asb Dia. 16"
Slot/gauze V4 Length 13
Set between 39 ft. and 52 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 3/8

11. Static water level: mo./day/yr.
15 ft. below land surface Date 6/24/77

12. Pumping level below land surfaces: Did not
___ 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.
___ Yes X No Date

14. Well head completion:
___ Pitless adapter 12 Inches above grade

15. Well grouted? Customer did own
With: ___ Neat cement ___ Bentonite X Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination: none
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ___ Yes X No

17. Pump: X Not installed
Manufacturer's name
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
___ Submersible X Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

T 25 S R 3 E (W) Sec 1 1/4 1/4 1/4 SW SW NW

18. Elevation:
Topography:
___ Hill
___ Slope
X Upland
___ Valley

19. Remarks:

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.
Business name Weninger Irrigation License No. 238
Address Maize, Ks.
Signed K. Weninger Date 8/5/77
Authorized representative

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

Form WWC-5

MI-1023