

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County <u>Sedgwick</u>	Township name <u>Greely</u>	Fraction <u>NW 1/4 NW 1/4 NE 1/4</u>	Section number <u>30</u>	Town number <u>255</u>	Range number <u>3 W</u>
Distance and direction from nearest town or city: <u>1 S, 1 1/2 W of Mount Hope</u>				3 Owner of well: <u>Steve Beal</u>		
Street address of well location if in city:				Address: <u>Mt. Hope, Kansas</u>		
Locate with "X" in section below: N		Sketch map:		4 Well depth: <u>67</u> ft. Date of completion <u>4/3/96</u> Well diameter <u>30</u> in.		
		5 ☐ Cable tool ☐ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☒ Reverse rotary		6 Use: ☐ Domestic ☐ Public supply ☐ Industry		
				☒ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well		
		7 Casing: Material <u>C-Asb</u> Height: <u>above</u> below Threaded ☐ Welded ☐ Surface <u>8</u> in. Digm. <u>16</u> in. to <u>67</u> ft. depth Drive shoe? ☐ Yes ☒ No		8 Screen:		
				Manufacturer <u>Johnson</u> Type <u>Cem-Asb</u> Dia. <u>16"</u> Slot/gauze <u>1/4"</u> Length <u>13'</u> Set between <u>54</u> ft. and <u>67</u> ft. Fittings: Gravel pack ☒ Yes ☐ No Size range of material <u>3/8</u>		
2 Type and color of material		From To		9 Static water level:		
				<u>41</u> ft. below land surface Date <u>4/3</u>		
<u>Topsoil</u> <u>Fine Sand</u> <u>Clay + Sand</u> <u>Good Gravel - med.</u>		<u>0</u> <u>1</u> <u>1</u> <u>25</u> <u>25</u> <u>45</u> <u>45</u> <u>67</u>		10 Pumping level below land surfaces:		
				<u>55</u> ft. after <u>2</u> hrs. pumping <u>750</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>800</u> g.p.m.		
				11 Water sample submitted:		
				☐ Yes ☒ No Date _____		
				12 Well head completion:		
				☐ Pitless adapter ☒ Inches above grade		
				13 Well grouted? ☒ Yes ☐ No		
				☒ Neat cement ☐ Bentonite ☐ _____ Depth: From <u>0</u> ft. to <u>12</u> ft.		
				14 Nearest source of possible contamination:		
				ft. <u>400</u> Direction <u>NE</u> Type <u>Domestic</u> Well disinfected upon completion? ☐ Yes ☒ No		
				15 Pump:		
				☐ Not installed Manufacturer's name <u>Peerless</u> Model number <u>5854</u> HP <u>40</u> Volts _____ Length of drop pipe <u>60</u> ft. capacity <u>800</u> g.m.p. Type: ☐ Submersible ☒ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other		
16 Remarks: elevation		(use a second sheet if needed)		17 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>Weninger Drilling</u> <u>238</u> Business name License No. Address <u>Maize, Kansas</u> <u>67101</u> Signed <u>R. Weninger</u> Date <u>4/5/96</u> Authorized representative		
Topography: ☐ Hill ☐ Slope ☒ Upland ☐ Valley						

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5