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

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

WATER WELL RECORD
KSA 82a-1201-1215

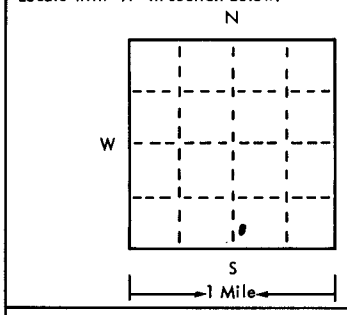
Konsas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Sedg.	PARK.	SWSWSE	16	26S.	1W

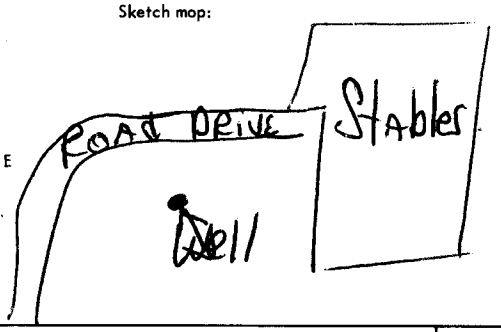
Distance and direction from nearest town or city: 2 mile East Maize Kan 96 Hwy
Street address of well location if in city:

3 Owner of well: G. Collins.
Address: 7818 W. 53rd No Wichita Ks.

Locate with "X" in section below:



Sketch map:



2 Type and color of material	From	To
Top Soil	0	8
Clay	8	18
Gravel. fine.	18	35
Course Gravel	35	39
fine Sand.	39	46
Course Gravel	46	55
Well for new home to be located at later date.		

(use a second sheet if needed)

4 Well depth: 65 ft. Date of completion 11/18
Well diameter 5 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 RMP Height: above/below
Threaded ☐ Welded ☑ Surface 12 in.
Diam. 5 in. to 65 ft. depth Weight 150 lbs./ft. 100
Drive shoe? ☐ Yes ☑ No
___ in. to ___ ft. depth

8 Screen:
Manufacturer Sunflower.
Type plastic Dia. 5in.
Slot/gauze 40 Length 10ft.
Set between 55 ft. and 65 ft.
Fittings:
Gravel pack ☑ Yes ☐ No Size range of material 3/8

9 Static water level:
18 ft. below land surface Date 11/18

10 Pumping level below land surface:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 100 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 ☑ Concrete
Depth: From 3 ft. to 13 ft.

14 Nearest source of possible contamination:
ft. 100 Direction E Type Stables.
Well disinfected upon completion? ☑ Yes ☐ No

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

16 Remorks: elevation

Topography:
☑ Hill
☐ Slope
☐ Upland
☐ Valley

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.
Business name Akuinger Drlg License No. 318
Address R 1 Colwich Ks.
Signed [signature] Date 11/18
Authorized representative

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

Form WWC-5

26 1W 16 SWSW SE

677-H