

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: <u>Sedgewick</u>	Fraction: <u>NE 1/4 SE 1/4 NE 1/4</u>	Section number: <u>21</u>	Township number: T <u>26</u> S	Range number: R <u>2</u> E <u>1</u>															
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>620 Hemmen Ct. Colwich</u>			3. Owner of well: <u>Melvin Ast</u> R.R. or street: <u>535 Cardinal Dr.</u> City, state, zip code: <u>Colwich, KS 67030</u>																		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. _____ in. Completion date: <u>5/12/78</u> Well depth <u>75</u> ft.																	
				7. 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																	
5. Type and color of material				Fram	To	8. Use: <input checked="" 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 type="checkbox"/> Oil field water <input type="checkbox"/> Other															
<table border="1"> <tr> <td>Top soil.</td> <td>0</td> <td>2</td> </tr> <tr> <td>Red clay.</td> <td>2</td> <td>41</td> </tr> <tr> <td>fine sand.</td> <td>41</td> <td>62</td> </tr> <tr> <td>gray clay</td> <td>62</td> <td>63</td> </tr> <tr> <td>med. to coarse gravel</td> <td>63</td> <td>75</td> </tr> </table>				Top soil.	0	2	Red clay.	2	41	fine sand.	41	62	gray clay	62	63	med. to coarse gravel	63	75			9. Casing: Material <u>Styrene</u> (Type) <input checked="" type="checkbox"/> Above <input type="checkbox"/> Below Threading <u>Welded</u> <input checked="" type="checkbox"/> Surface <u>1 1/2</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.50</u> lbs./ft. Dia. <u>5</u> in. to <u>75</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u>
Top soil.	0	2																			
Red clay.	2	41																			
fine sand.	41	62																			
gray clay	62	63																			
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						10. Screen: Manufacturer's name <u>Junflower</u> Type <u>200</u> Dia. <u>5 1/4</u> Slot/auze <u>1/16</u> Length <u>5 FT</u> Set between <u>70</u> ft. and <u>75</u> ft. _____ ft. and _____ ft. Grovel pack <u>yes</u> Size range of material <u>3/8</u>															
						11. Static water level: _____ no./day/yr. <u>28</u> ft. below land surface Date <u>5/12/78</u>															
						12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping <u>15</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</u> 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 _____ Inches above grade															
						15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>6</u> ft. to <u>16</u> ft.															
						16. Nearest source of possible contamination: _____ ft. _____ Direction <u>none</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input 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															
(Use a second sheet if needed)																					
18. Elevation:		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. <u>Wm. J. Dilling</u> 318 Business name _____ License No. _____ Address <u>Colwich</u> Signed <u>J. Hemmen</u> 5/12/78 Authorized Representative																	

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

Form WWC-5

T 26 R 2 E 1 Sec 21 NE SE 1/4