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

WATER WELL RECORD
KSA 82a-1201-1215

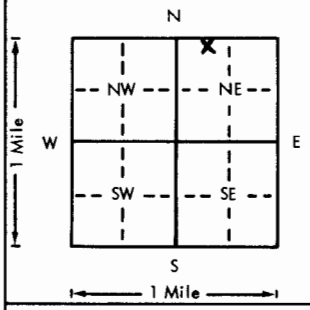
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	SEDGWICK	1/4 NW 1/4 NE 1/4	21	T 26 S	R 2 E (W)

2. Distance and direction from nearest town or city:
Street address of well location if in city: CARDINALE LANE Colwich, KANSAS

3. Owner of well: DENNIS ECK
R.R. or street: R.R.#1
City, state, zip code: MT. HOPE, KANSAS

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 11 in. Completion date 9-29-76
Well depth 80 ft.

7. ___ Cable tool ✓ Rotary ___ Driven ___ Dug
___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary

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

9. Casing: Material STYRENE Weight: (Above) or below
Threaded ___ Welded GL Surface 13 in.
RMP ✓ PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 80 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 1200

5. Type and color of material	From	To
SANDY SOIL	0	2
SANDY CLAY	2	6
BROWN CLAY	6	15
SANDY RED CLAY	15	25
FINE SAND WITH CLAY BALLS	25	50
FINE SAND - CLEAN	50	60
COARSE SAND	60	80
(Use o second sheet if needed)		

10. Screen: Manufacturer's name SUNFLOWER PLASTIC
Type STYRENE Dia. 5"
Slot/gauze 106 Length 30'
Set between 60 ft. and 80 ft.
___ ft. and ___ ft.
Gravel pack? YES Size range of material 1/4-1/8"

11. Static water level: mo./day/yr.
25 ft. below land surface Date 9-29-76

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.
___ Yes ___ No Date ___

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

15. Well grouted? YES
With: ___ Neat cement ___ Bentonite ✓ Concrete
Depth: From 40" ● to 14 ft.

16. Nearest source of possible contamination: City sewer
ft. 60 Direction SOUTH Type
Well disinfected upon completion? ✓ Yes ___ No

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

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

19. Remarks: FLAT GROUND

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.
HARPWELL PUMP 236
Business name License No.
Address WICHITA, KANSAS
Signed M. Arnold Date
Authorized representative 10-20-76

26 T - 2 W E R - 21 Sec - NW 1/4 1/4 1/4

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

Form WWC-5

MI-1023