

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

WATER WELL RECORD
KSA 82a-1201-1215

NW SW NW NW

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>Sedg.</u> Township name <u>DELANO</u> Fraction <u>NW 1/4</u> Section number <u>20</u> Town number <u>27S</u> Range number <u>1W.</u>	
Distance and direction from nearest town or city:	
Street address of well location if in city: <u>10311 BINTER LN.</u>	
3 Owner of well: <u>H. R. CARPENTER.</u> Address: <u>10311 BINTER LN. WICHITA.</u>	
Locate with "X" in section below: N W E S 1 Mile	
Sketch map: <u>10 ft. 9 WELL</u> <u>HOUSE</u>	
2 Type and color of material	
From To	
<u>Top Soil</u> <u>0</u> <u>6</u>	
<u>CLAY</u> <u>6</u> <u>16</u>	
<u>GRAVEL</u> <u>16</u> <u>35</u>	
Well used for lawir irrigation only 4x4 slab poured by driller.	
4 Well depth: <u>35</u> ft. Date of completion <u>6/8</u> Well diameter <u>5</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>photo</u> Height: above/below Threaded ☐ Welded ☐ Surface <u>18</u> in. Diam. <u>5</u> in. to <u>35</u> ft. depth Weight <u>150</u> lbs./ft. <u>100</u> Drive shoe? ☐ Yes ☒ No	
8 Screen: <u>JESSE HOWELL</u> Manufacturer <u>plastic</u> Dia. <u>5</u> Slot/gauze <u>25</u> ft. Length <u>10</u> Set between <u>25</u> ft. and <u>35</u> ft. Fittings: Gravel pack ☒ Yes ☐ No Size range of material	
9 Static water level: <u>12</u> ft. below land surface Date <u>6/8</u>	
10 Pumping level below land surface: <u>UNKNOWN</u> ft. after <u>1</u> hrs. pumping g.p.m. ft. after <u>1</u> hrs. pumping g.p.m. Estimated maximum yield <u>100</u> g.p.m.	
11 Water sample submitted: ☐ Yes ☒ No Date	
12 Well head completion: ☐ Pitless adapter <u>18</u> inches above grade	
13 Well grouted? ☒ Yes ☐ No ☒ Neat cement ☐ Bentonite ☐ Depth: From <u>0</u> ft. to <u>10</u> ft.	
14 Nearest source of possible contamination: ft. <u>None</u> Direction <u>None</u> Type <u>None</u> Well disinfected upon completion? ☒ Yes ☐ No	
15 Pump: ☐ Not installed Manufacturer's name <u>VALLEY</u> Model number <u>1PPN 1/2</u> HP <u>1/2</u> Volts <u>30</u> Length of drop pipe <u>28</u> ft. capacity <u>18</u> g.m.p. Type: ☒ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other	
16 Remarks: 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. <u>WENIGER Driller 238A</u> Business name <u>MAIRE IG</u> License No. Address <u>6/8</u> Signed <u>6/8</u> Date <u>6/8</u> Authorized representative	

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

Form WWC-5