

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

Shouse #1

1. Location of well:		County PAATT	Fraction C 1/4 NW 1/4 NW 1/4	Section number 4	Township number T 27	Range number S R 13	E/W
2. Distance and direction from nearest town or city: IUKA Street address of well location if in city: 1/2 block West South			3. Owner of well: H-30 Inc R.R. or street: City, state, zip code: Wichita Kansas				
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		6. Bore hole dia. 9 in. Completion date Well depth 85 ft. 7-26-78		
5. Type and color of material			From	To	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		
					8. Use: <input 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 checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other		
Fine Sand			0	25	9. Casing: Material _____ Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight 278-3 lbs./ft. Dia. 5 in. to 85 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 200		
Clay			25	50	10. Screen: Manufacturer's name Feinbas Shop made Type Saw Dia. 5 Slot/gauze 1/4 Length 20 Set between 65 ft. and 85 ft. _____ ft. and _____ ft.		
Gravel			50	85	Gravel pack? yes Size range of material 14-48		
					11. Static water level: _____ mo./day/yr. 30 ft. below land surface Date 7-26-78		
					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 <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
					14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade		
					15. Well grouted? yes With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 125 ft. to 85 ft.		
					16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
					17. Pump: _____ 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. Myers Water Well 143 Business name License No. Address 61 Bond Ks Signed Henry Rasmussen Date 7-26 Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

T 27 R 13 S 4

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

Form WWC-5