## WATER WELL RECORD KSA 82a-1201-1215

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

|  | County                               | Fraction        | Section | number       | Township number  | Range number                               |                    |
|--|--------------------------------------|-----------------|---------|--------------|--|--|--------------------|
| 1. Location of well:   | Kiowa                                | 1/4CSW1/4 NW1/4 | 2       |              | т 27 s   | R 19                                       | <b>€</b> /W        |
| 2. Distance and direction from nearest town or city: 4W, 5N  Street address of well location if in city: Proceedings of the street of the stre |                                      |                 |         |              |  |  |                    |
| LIFEENS BUYG, KS City, state, zip code: Wichita, KS 67202  |                                      |                 |         |              |  |  |                    |
| 4. Locote with "X" in section below:  Sketch map:  N   |                                      |                 |         |              | Well depth 105 ft.   |  |                    |
|  |                                      |                 |         |              | 7Cable tool  |  |                    |
|  |                                      |                 |         |              | 9. Casing: Material  Threaded Welded  RMP PVC                | Height: Above or below<br>Surface          | _in.               |
| ı→ 1 Mile → I  |                                      |                 |         |              | Dia. 2 in. to 203 ft. dep                                    | th Wall Thickness: inches                  | or                 |
| 5. Type and colar of moterial  |                                      |                 |         | То           | Dia in. to ft. dep   |  |                    |
| TABSOIL-Clay   |                                      |                 |         | 60           |  | Dia  |                    |
| Sauld  |                                      |                 |         | 75           | Slot/gauze//6 "  | Length                                     |                    |
| Salld-Gravel   |                                      |                 | 60      |              | ft. c  | and  | ー"・ <br>でなる        |
|  | - ana                                | - Gravet        | 75      | 105          | Grovel pack? Size ra   | nge af material <u>1/8 - 2/</u><br>mo./day | /4/                |
|  |                                      |                 |         |              | ft. below land sur   |  | <u></u>            |
|  |                                      |                 |         |              | 12. Pumping level below land                                 |  | . m                |
|  |                                      |                 |         |              | ft. after!   |  |                    |
|  |                                      |                 |         |              | Estimated maximum yield ——<br>13. Water sample submitted:    | g. <sub>F</sub>                            |                    |
|  |                                      |                 | -       |              | 1  | Date                                       | // yl ·            |
|  |                                      |                 |         |              | 14. Well head completion:                                    | 12   |                    |
|  |                                      |                 |         |              | Pitless adapter  | 12 Inches above grad                       |                    |
|  |                                      |                 |         |              | With: Neat cement<br>Depth: From ft. to                      | X BentoniteConc                            | rete J             |
|  |                                      |                 |         |              | 16. Nearest source of possible ft                            |  | <del>/</del>   1/  |
|  |                                      |                 |         |              | Well disinfected upon comple                                 |  | _ No               |
|  |                                      |                 |         |              | 17. Pump:  Manufacturer's name                               | <u>X</u> Not installed                     | "                  |
|  |                                      |                 |         | Model number | HP Volts   | $- \mathcal{V} $                           |                    |
|  |                                      |                 |         |              | Length of drop pipe ————<br>Type:                            | ft. capacityg.p                            | "E"   '3"          |
|  |                                      |                 |         | ļ            | Submersible  | Turbine                                    | ING                |
| (Use a second sheet if needed)   |                                      |                 |         |              | Jet<br>Centrifugal   | Reciprocati                                | S ,                |
| 18. Elevation:   | 19. Remarks:                         |                 |         |              | 20. Water well contractor's of This well was drilled under m |  | ) le               |
|  |                                      |                 |         |              | is true to the best of my know                               | ' ·  | 6                  |
| Topography:  |                                      |                 |         |              | Business name of   | Well Sex In                                |                    |
| Slope  |                                      |                 |         |              | Address Address  | 20+ BeNA, KS                               | 3   2   = 3        |
| Upland Valley  |                                      |                 |         |              | Signed Authorized rep  | presentative Date                          | 514 <sup>1-3</sup> |
|  | ue and nink conies to the Department | -£ U Ab   E     |         |              | <u> </u>   | Form WWC-5                                 |                    |

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

Form WWC-5