

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

WATER WELL RECORD
KSA 82a-1201-1215

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>Attica</u>	Fraction <u>NW 1/4 NE 1/4</u>	Section number <u>24</u>	Town number <u>27S</u>	Range number <u>2W</u>
Distance and direction from nearest town or city: <u>2 mile W Wichita limits on Central</u>			3 Owner of well: <u>Biltmore Homes</u>			
Street address of well location if in city: <u>333 Wheatland Pl Wheatland Pl</u>			Address: <u>851 No West St</u> <u>Wichita KS</u>			
Locate with "X" in section below: N W E S 1 Mile			Sketch map: Well House		4 Well depth: <u>50</u> ft. Date of completion <u>9/23</u> Well diameter <u>5</u> in.	
2 Type and color of material			From To		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>RMP</u> Height: above/below Threaded ☐ Welded ☒ Surface <u>12</u> in. Diam. <u>5</u> in. to <u>50</u> ft. depth Weight <u>150</u> lbs./ft. <u>100</u> Drive shoe? ☐ Yes ☒ No	
					8 Screen: <u>Sunflower</u> Manufacturer <u>Sunflower</u> Type <u>plastic</u> Dia. <u>5"</u> Slot/gauze <u>1/8"</u> Length <u>6'</u> Set between <u>4'</u> ft. and <u>50</u> ft. Fittings: Gravel pack ☒ Yes ☐ No Size range of material <u>3/8</u>	
					9 Static water level: <u>24</u> ft. below land surface Date <u>9/23</u>	
					10 Pumping level below land surfaces: <u>26</u> ft. after <u>1</u> hrs. pumping <u>18</u> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>80</u> g.p.m.	
					11 Water sample submitted: ☐ Yes ☒ No Date ____	
					12 Well head completion: ☒ Pitless adapter <u>12</u> inches above grade	
					13 Well grouted? ☒ Yes ☐ No ☐ Neat cement ☐ Bentonite ☒ Concrete Depth: From <u>3</u> ft. to <u>13</u> ft. <u>MHC</u>	
					14 Nearest source of possible contamination: ft. ____ Direction <u>NW</u> Type ____ Well disinfected upon completion? ☒ Yes ☐ No	
(use a second sheet if needed)					15 Pump: ☐ Not installed Manufacturer's name <u>Valley</u> Model number <u>1807</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>40</u> ft. capacity <u>15</u> g.p.m. 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>Wenger Drilling - 318</u> Business name <u>21 Colwich St</u> license No. ____ Address <u>Wichita KS</u> Signature <u>[Signature]</u> Date <u>9/23</u> Authorized representative			27 2W 24 NW NE NW			
						Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

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

Form WWC-5