

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 NENW</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 of Wichita limits on Central</u>				3 Owner of well: <u>Norbert Tiemeyer</u>		
Street address of well location if in city: <u>409 Wheatland</u>				Address: <u>Wichita KS</u>		
Locate with "X" in section below: N W E S 1 Mile		Sketch map: Well house Wheatland		4 Well depth: <u>55</u> ft. Date of completion <u>9/24</u> Well diameter <u>5</u> in.		
2 Type and color of material				5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary		
				6 Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well		
Top Soil Red Clay Vine Sand GRADE Clay				7 Casing: Material <u>EMP</u> Height: above/below Threaded ☐ Welded ☒ Surface <u>12</u> in. Diam. <u>5</u> in. to <u>55</u> ft. depth Drive shoe? ☐ Yes ☒ No		
				8 Screen: <u>Sunflower</u> Manufacturer <u>PLASTIC</u> Dia. <u>5 1/8</u> Slot/gauze <u>1/8</u> Length <u>5 1/2</u> Set between <u>50</u> ft. and <u>55</u> ft. Fittings: Gravel pack ☒ Yes ☐ No Size range of material <u>3/8</u>		
37.52				9 Static water level: <u>26</u> ft. below land surface Date <u>9/24</u>		
				10 Pumping level below land surfaces: <u>28</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>100</u> g.p.m.		
(use a second sheet if needed)				11 Water sample submitted: ☐ Yes ☒ No Date ____		
				12 Well head completion: ☒ Pitless adapter ☐ Inches above grade		
16 Remarks: elevation				13 Well grouted? ☒ Yes ☐ No ☐ Neat cement ☐ Bentonite ☒ Concrete Depth: From <u>3</u> ft. to <u>13</u> ft. <u>MNC</u>		
				14 Nearest source of possible contamination: ft. ____ Direction <u>NW</u> Type ____ Well disinfected upon completion? ☒ Yes ☐ No		
Topography: ☐ Hill ☐ Slope ☒ Upland ☐ Valley				15 Pump: ☐ Not installed Manufacturer's name <u>Valley</u> Model number <u>1809</u> HP <u>3 1/2</u> Volts <u>230</u> Length of drop pipe <u>40</u> ft. capacity <u>18</u> g.p.m. Type: ☒ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other		
				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>Weninger Drilling</u> 318 Business name License No. <u>R 10612</u> Address <u>10612</u> Signed <u>Weninger</u> Date <u>9/24</u> Authorized representative		

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

Form WWC-5