

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

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|                                                                                                                                            |                      |                                                                                                           |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                         |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------|
| 1 Location of well:                                                                                                                        | County: <u>Sedg.</u> | Township name: <u>Attica</u>                                                                              | Fraction: <u>SW-SWSE</u>             | Section number: <u>1</u>                                                                                                                                                                                                                                                                                                                                                                                            | Town number: <u><del>27</del> S</u> | Range number: <u>2W</u> |
| Distance and direction from nearest town or city:<br><u>2301 Cedarcrest Wichita</u>                                                        |                      |                                                                                                           | 3 Owner of well: <u>Steve Kelley</u> |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                         |
| Street address of well location if in city:<br><u>2611 Newell Wichita KS 67205</u>                                                         |                      |                                                                                                           | Address: <u>Wichita KS 67205</u>     |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                         |
| Locate with "X" in section below:                                                                                                          |                      | Sketch map:                                                                                               |                                      | 4 Well depth: <u>80</u> ft. Date of completion: <u>3/10/77</u><br>Well diameter: <u>5</u> in. <u>11"</u>                                                                                                                                                                                                                                                                                                            |                                     |                         |
|                                                                                                                                            |                      |                                                                                                           |                                      | 5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary                                                                                                                         |                                     |                         |
| 2 Type and color of material                                                                                                               |                      | From To                                                                                                   |                                      | 6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial<br><input type="checkbox"/> Test well <input type="checkbox"/>                                                                                                    |                                     |                         |
|                                                                                                                                            |                      |                                                                                                           |                                      | 7 Casing: Material <u>PC</u> Weight: <u>above/below</u><br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>2 1/2</u> in.<br>Diam. <u>5</u> in. Weight <u>22</u> lbs./ft.<br><u>5</u> in. to <u>80</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                             |                                     |                         |
| <u>Top soil</u><br><u>red clay</u><br><u>fine sand</u><br><u>red clay</u><br><u>fine sand</u><br><u>clay</u><br><u>fine to med. gravel</u> |                      | <u>0 6</u><br><u>6 22</u><br><u>22 35</u><br><u>35 36</u><br><u>36 48</u><br><u>48 49</u><br><u>49 80</u> |                                      | 8 Screen: <u>Pumpco MPI</u><br>Type <u>PVC</u> Dia. <u>5 in</u><br>Slot/gauze <u>4/16</u> Length <u>5 ft</u><br>Set between <u>43</u> ft. and <u>80</u> ft.<br>Fittings: <u>3/8</u><br>Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>3/8</u>                                                                                                            |                                     |                         |
|                                                                                                                                            |                      |                                                                                                           |                                      | 9 Static water level: <u>24</u> ft. below land surface Date <u>3/10/77</u>                                                                                                                                                                                                                                                                                                                                          |                                     |                         |
|                                                                                                                                            |                      |                                                                                                           |                                      | 10 Pumping level below land surfaces:<br><u>26</u> ft. after <u>1/2</u> hrs. pumping <u>20</u> g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield <u>50</u> g.p.m.                                                                                                                                                                                                                   |                                     |                         |
|                                                                                                                                            |                      |                                                                                                           |                                      | 11 Water sample submitted:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____                                                                                                                                                                                                                                                                                                         |                                     |                         |
|                                                                                                                                            |                      |                                                                                                           |                                      | 12 Well head completion:<br><input type="checkbox"/> Pitless adapter <u>12</u> inches above grade                                                                                                                                                                                                                                                                                                                   |                                     |                         |
|                                                                                                                                            |                      |                                                                                                           |                                      | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> ____<br>Depth: From <u>8</u> ft. to <u>18</u> ft.                                                                                                                                                               |                                     |                         |
|                                                                                                                                            |                      |                                                                                                           |                                      | 14 Nearest source of possible contamination:<br>ft. <u>800</u> Direction <u>W</u> Type <u>CREEK</u><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                        |                                     |                         |
|                                                                                                                                            |                      |                                                                                                           |                                      | 15 Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name ____<br>Model number ____ HP ____ Volts ____<br>Length of drop pipe ____ ft. capacity ____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                                     |                         |
| 16 Remarks: elevation                                                                                                                      |                      |                                                                                                           |                                      | 17 Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><u>Maunz Kelly</u> 318<br>Business name <u>Colwich 185</u> License No. ____<br>Address <u>San Antonio</u> Date <u>3/10/77</u><br>Signature <u>[Signature]</u> Authorized representative                                                                 |                                     |                         |

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

Form WWC-5