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

T	R	EW	sec	1/4	1/4	1/4	No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

SW NW NE SW

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Sedg.	WACO	~~SE NW NW~~	10 TEN	28 S	1W

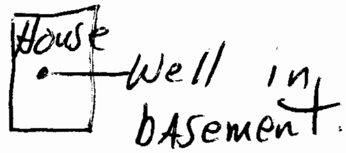
Distance and direction from nearest town or city:

Street address of well location if in city: 3701 FairLAWN Wichita KS

3 Owner of well: Robt Keyes.
Address: 3100 So 145 E. Wichita KS.

Locate with "X" in section below: X (NW quarter)

Sketch map:



4 Well depth: 50 ft. Date of completion 12/8
Well diameter 5 in.

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 PVC Height: above/below
Threaded ☐ Welded ☑ Surface 12 in.
Diam. Weight 150 lbs./ft. 100
5 in. to 50 ft. depth Drive shoe? ☐ Yes ☑ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Top Soil	0	10
Clay.	10	18
fine sand.	18	28
Clay.	28	30
fine sand to gravel.	30	50

(use a second sheet if needed)

8 Screen:
Manufacturer Sunflower.
Type PLASTIC Dia. 5"
Slot/gauze 1/8 Length 10'
Set between 40 ft. and 50 ft.
Fittings:
Gravel pack ☑ Yes ☐ No Size range of material 3/8

9 Static water level:
28 ft. below land surface Date 12/8

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
UNKN
Estimated maximum yield 80 g.p.m.

11 Water sample submitted:
☐ Yes ☑ No Date ___

12 Well head completion:
☐ Pitless adapter ☑ Inches above grade

13 Well grouted? ☑ Yes ☐ No
☑ Neat cement ☐ Bentonite ☐
Depth: From 0 ft. to 13 ft. to grade

14 Nearest source of possible contamination: NONE
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ☑ Yes ☐ No

15 Pump: ☑ Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ 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.
Weninger Drlg 318
Business name License No.
Address 1 Colwich KS
Signed [signature] Authorized representative Date 12/8

28 1W 10 SE SW NW

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

Form WWC-5

677-H