

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

WATER WELL RECORD
KSA 82a-1201-1215

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

1. Location of well:	County Sedgwick	Fraction SW 1/4 SE 1/4 NW 1/4	Section number 16	Township number T 28 S R 1	Range number 1
2. Distance and direction from nearest town or city: 4 miles west of Wichita, KS Street address of well location if in city:			3. Owner of well: Vulcan Materials Co. R.R. or street: 6200 So. Ridge Rd. City, state, zip code: Wichita, KS 67201		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 1330' East & 2200' South of the NW Corner of Sec. 16 Lauer #3		
5. Type and color of material			From	To	6. Bore hole dia. <u>11</u> in. Completion date 8-14-78 Well depth <u>142</u> ft.
Top soil			0	3	7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary
Brown & red clay, gravel @ 21'			3	22	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input checked="" type="checkbox"/> Other Monitor
Yellow & gray clay			22	32	9. Casing: Material PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 1.9' in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 3.684 lbs./ft. Dia. 6 in. to 128 ft. depth Wall Thickness: inches or Dia. 6 in. to 142 ft. depth gage No. .280
Sand & gravel & clay streaks			32	76	10. Screens: Manufacturer's name Clarke Type PVC Dia. 6" <input checked="" type="checkbox"/> Slot gauze 1/8" Length 10' Set between 128 ft. and 138 ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material 3/8-200
Sand & gravel			76	85	11. Static water level: * _____ mo./day/yr. See 19 ft. below land surface Date 8-21-78
Brown & blue clay			85	108	12. Pumping level below land surfaces: N/C _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
Sand & gravel & clay streaks at 118'			108	136	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
Blue XXXX shale			136	142	14. Well head completion: 24" Dia X 2.0 <input type="checkbox"/> Pitless adapter Concrete Well Cap Inches above grade _____
					15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 123 ft.
					16. Nearest source of possible contamination: NONE ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
					(Use a second sheet if needed)
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: *XXX Static Water Level from top of casing (1.9') Before bailing - 39.3' After bailing - 46.0'		20. 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. Clarke Well & Eq., Inc. 185 Business name _____ License No. _____ Address Great Bend, KS 67530 Signed [Signature] Date 12-12-78 Authorized representative		

28
 16
 SWSE NW
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5