

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 <b>CHASE</b>	Township name	Fraction <b>SW 1/4 SW 1/4</b>	Section number <b>10</b>	Town number <b>19 South</b>	Range number <b>9 EAST</b>		
Distance and direction from nearest town or city: <b>SAFORD, MILE W 07.50</b>			3 Owner of well: <b>JOHN WHITAKER</b> Address: <b>2205 SOUTH MAIN 67211 WICHITA KANSAS</b>					
Locate with "X" in section below: N  SW 1/4 of the SW 1/4 of Section 10, T19S, R9E			Sketch map:			4 Well depth: <b>115</b> ft. Date of completion: <b>06/10-74</b> Well diameter: <b>9</b> in.		
2 Type and color of material			From	To	5 <input checked="" type="checkbox"/> Cable tool <input 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			
			clay, yellow		0	25	6 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"/> Commercial <input checked="" type="checkbox"/> Test well	
			shale, blue		60	65	7 Casing: Material _____ Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth	
			lime rock gray		65	70	8 Screen: Manufacturer _____ Type _____ Dio. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
			lime rock gray		70	75	9 Static water level: _____ ft. below land surface Date _____	
			lime rock gray		75	80	10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
			shale, blue		80	90	11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
			shale, blue		90	95	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
			lime rock gray		95	100	13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.	
			shale, blue		100	110	14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
lime rock gray		110	115	15 Pump: <input 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				
16 Remarks: elevation			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. <b>L.H. KRAUSE 136</b> Business name _____ License No. _____ Address: <b>33 BELFRIST, GAY, ILL</b> Signed: <b>L.H. Krause</b> Date: <b>12-12-74</b> Authorized Representative					

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

Form WWC-5