

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
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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: <u>Sedgwick</u>	County	Fraction <u>SE NE</u> <u>1/4 1/4 NE 1/4</u>	Section number <u>7</u>	Township number <u>26</u> T S R	Range number <u>1</u> E W		
2. Distance and direction from nearest town or city: <u>6711 No. Seneca</u> Street address of well location if in city: <u>Wichita, Kans</u>		3. Owner of well: <u>E.L. Hepburn</u> R.R. or street: <u>6711 North Seneca</u> City, state, zip code: <u>Wichita, Kansas</u>					
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map:		6. Bore hole dia. <u>11</u> in. Completion date <u>2-24-76</u> Well depth <u>45</u> ft.			
5. Type and color of material		From	To	7. <input checked="" 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			
		Tapsaic		0	8	8. Use: <input checked="" 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 type="checkbox"/> Other	
		Brown clay		8	25	9. Casing: Material <u>stainless</u> Height above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>12</u> lbs./ft. Dia. <u>5</u> in. to <u>45</u> ft. depth Wall thickness: inches or Dia. <u>5</u> in. to <u>45</u> ft. depth gage No. <u>1200</u>	
		Fine sand		25	30	10. Screen: Manufacturer's name <u>Plastic</u> Type <u>stainless</u> Dia. <u>5</u> in. Slot/gauze <u>1.06</u> Length <u>101</u> Set between <u>35</u> ft. and <u>45</u> ft. Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8"</u>	
		Gray clay		30	32	11. Static water level: <u>16</u> ft. below land surface Date <u>2-24-76</u> mo./day/yr.	
		Medium sand		32	44	12. 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.	
Gray shale		44	45	13. Water sample submitted: <u>no./day/yr.</u> Yes <input type="checkbox"/> No <input type="checkbox"/> Date ____			
(Use a second sheet if needed)				14. Well head completion: <u>Capped</u> Pitless adapter <u>12</u> inches above grade			
				15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>40</u> to <u>14</u> ft.			
				16. Nearest source of possible contamination: <u>Septic tank</u> ft. <u>100</u> Direction <u>NW</u> Type <u>Septic tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input 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			
				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 <u>Shirley L. Thompson</u> <u>236</u> Business name License No. Address <u>Wichita, Kansas</u> Signed <u>M. Arnold</u> Date <u>2-26-76</u> Authorized representative			
18. Elevation:	19. Remarks: <u>Flat Ground</u>						
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5