

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

WATER WELL RECORD  
KSA 82a-1201-1215

SW SW NE SE

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 <u>Sedgwick</u>	Township name <u>Kechi</u>	Fraction <u>SW 1/4 of NW 1/4 of SE 1/4</u>	Section number <u>19</u>	Town number <u>T26S</u>	Range number <u>R1E</u>
Distance and direction from nearest town or city: <u>4803 Bison</u>			3 Owner of well: <u>Dean E. Frankenberg</u> Address: <u>1400 W. 41st North 67204</u>			
Locate with "X" in section below: N W E S 1 Mile			Sketch map: <u>SW 1/4 of the NW 1/4 " " SE 1/4</u>		4 Well depth: <u>31</u> ft. Date of completion <u>1-30-76</u> Well diameter <u>9</u> in. <u>Bore</u>	
2 Type and color of material			Fram To		5 <input 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 checked="" type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
					6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>	
					7 Casing: Material <u>PVC</u> Height: <u>above</u> /below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. <u>4</u> in. to <u>0</u> ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>4</u> in. to <u>31</u> ft. depth!	
					8 Screen: <u>Sunflower</u> Manufacturer <u>PVC</u> Dia. <u>4"</u> Slot gauge <u>3/16</u> Length <u>5 ft</u> Set between <u>26</u> ft. and <u>31</u> ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material <u>    </u>	
					9 Static water level: <u>10</u> ft. below land surface Date <u>1-30-76</u>	
(use a second sheet if needed)					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.	
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____	
					12 Well head completion: <input type="checkbox"/> Pitless adapter <u>12"</u> <input checked="" type="checkbox"/> Inches above grade	
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>10</u> ft.	
					14 Nearest source of possible contamination: ft. <u>20</u> Direction <u>West</u> Type <u>CE Sewer</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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	
					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. <u>Protheroe Pump &amp; Well Service</u> Business name _____ License No. <u>295</u> Address <u>827 W 27th</u> Signed <u>Alvin Protheroe</u> Date <u>2-2-76</u> Authorized representative	

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

Form WWC-5