

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

WATER WELL RECORD  
KSA 820-1201-1215

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

1. Location of well: County <u>Sedgwick</u>		Fraction <u>1/4 NE 1/4 NE 1/4</u>		Section number <u>32</u>		Township number <u>T 26 S</u>		Range number <u>R 1 E</u>	
2. Distance and direction from nearest town or city: <u>109 E. 37th North</u>				2. Owner of well: <u>Ray Wirths</u>					
Street address of well location if in city: <u>Wichita, Kansas</u>				R.R. or street: <u>2802 Woodland</u>					
				City, state, zip code: <u>Wichita, Kansas</u>					
4. Locate with "X" in section below:				Sketch map:					
5. Type and color of material				From	To	6. Bore hole dia. <u>1 1/2</u> in. Completion date <u>8-27-75</u>			
<u>Dirt</u>				<u>0</u>	<u>3</u>	Well depth <u>45</u> ft.			
<u>Sandy Soil</u>				<u>3</u>	<u>15</u>	7. Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug			
<u>Fine Sand</u>				<u>15</u>	<u>25</u>	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary			
<u>Coarse Sand</u>				<u>25</u>	<u>45</u>	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			
						9. Casing: Material <u>Styrene</u> Height: <u>above</u> or below			
						Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in.			
						RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>8</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>20</u>			
						10. Screen: Manufacturer's name <u>Sunflower Plastic</u>			
						Type <u>Styrene</u> Dia. <u>5</u> in.			
						Slot/gauze <u>1.003</u> Length <u>13</u> ft.			
						Set between <u>30</u> ft. and <u>45</u> ft.			
						Gravel pack <u>yes</u> size range of material <u>1/4-1/8</u> in.			
						11. Static water level: <u>17</u> ft. below land surface Date <u>8-27-75</u>			
						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.			
						13. Water sample submitted: ____ mo./day/yr.			
						<input type="checkbox"/> Yes <input type="checkbox"/> No Date ____			
						14. Well head completion: <u>Capped</u>			
						____ Pitless adapter <u>12</u> inches above grade			
						15. Well grouted? <u>yes</u>			
						With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete			
						Depth: From <u>40</u> ft. to <u>14</u> ft.			
						16. Nearest source of possible contamination: <u>None</u>			
						ft. ____ Direction ____ Type ____			
						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			
						(Use a second sheet if needed)			
18. Elevation:		19. Remarks:		20. Water well contractor's certification:					
Topography:		<u>Septic tank not installed at time of well drilling.</u> <u>No apparent source for contamination.</u>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.					
<input type="checkbox"/> Hill				<u>Shirley Well Pump 236</u>					
<input type="checkbox"/> Slope				Business name <u>Wichita Kansas</u> License No. ____					
<input type="checkbox"/> Upland				Address <u>Wichita Kansas</u>					
<input type="checkbox"/> Valley				Signed <u>M. Arnold</u> Date <u>8-30-75</u>					
				Authorized representative					

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

Form WWC-5