

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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

SE NW SENE

1 Location of well:	County SEDGWICK	Township name WICHITA	Fraction SE 1/4 NW 1/4	Section number 29	Town number 27	Range number 1E
Distance and direction from nearest town or city:				3 Owner of well: C.S. BRUCE		
Street address of well location if in city: 1029 SO MAIN, WICHITA, KS				Address: 1029 SO. MAIN WICHITA, KS		
Locate with "X" in section below:		Sketch map:		4 Well depth: 34 1/2 ft. Date of completion 3/12/75 Well diameter 6 in.		
		<p>Auger + SAND BUCKET → JOB</p>		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		
2		Type and color of material		From	To	6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>
		TOP SOIL - BLACK		0	3	7 Casing: STYRENE Height: above/below Threaded <input type="checkbox"/> SOLVENT Surface 13 in. Diam. 9 in. Weight 2 lbs./ft. 9 in. to 10 ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 6 in. to 34 1/2 ft. depth!
		SUBSOIL, BLACK-WHITE STREAKS		3	6	8 Screen: (HACK SAWED PERF.) Manufacturer SUNFLOWER Type STYRENE Dia. 6" Slot/size .031 Length 7 1/2" Set between 27 ft. and 34 1/2 ft. Fittings: PLASTIC - STYRENE comp. Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material
		DIRT - SLIGHTLY SANDY - BROWN		6	7.5	9 Static water level: 20 ft. below land surface Date 3/12/75
		FINE SAND - BROWN		7.5	9	10 Pumping level below land surface: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 75 g.p.m.
		COARSER SAND - BROWN		9	10	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date
		FINE SAND - RED-BROWN		10	11	12 Well head completion: 13" ABOVE GROUND LEVEL <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade
		FINE SAND - WHITE		11	15	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 0 ft. to 10 ft.
		WITH SOME CLAY				14 Nearest source of possible contamination: ft. 25 Direction N.W. Type CAST IRON SEWER Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		FINE SAND - WHITE		15	18	15 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
		COARSER SAND - TAN		18	19.5	16 Remarks: elevation - BOTTOM OF WELL PACKED WITH ABOUT 6" JOPLIN CHAT -
		CLAY - GREY		19.5	20	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. BEARDEN PUMP & WELL 104 Business name _____ License No. _____ Address 3142 MENTOR - WICHITA Signed OTIS W. BEARDEN Date 4/10/75 Authorized representative
		WET GRAVEL - COARSE - BROWN		20	21	Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley
		WATER BEARING GRAVEL		21	34 1/2	(use a second sheet if needed)
		MEDIUM SIZE - LIGHT BROWN -				Forward the white, blue and pink copies to the Kansas State Dept. Of Health.