

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

WATER WELL RECORD
KSA 82a-1201-1215

SW NE NW NE

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>Sedwick</u>	Township name <u>Wichita</u>	Fraction <u>SE 1/4 of NW 1/4 of NE 1/4</u>	Section number <u>30</u>	Town number <u>T 27 S</u>	Range number <u>R 1 E</u>
Distance and direction from nearest town or city: <u>Wichita KS</u>			3 Owner of well: <u>Mr. R.W. Hampel</u>			
Street address of well location if in city: <u>502 S. Millwood</u>			Address: <u>502 S. Millwood</u>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>31</u> ft. Date of completion <u>5-17-75</u> Well diameter <u>9"</u> in. <u>Bore hole</u>		
		<p>SE 1/4 of the NW 1/4 of the NE 1/4</p> <p>well located SE corner of menton & millwood</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		
				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: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. _____ Weight _____ lbs./ft. _____ <u>12</u> in. to <u>0</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>12</u> in. to <u>31</u> ft. depth		
				8 Screen: Manufacturer <u>Sunflower</u> Type <u>PVC</u> Dia. <u>12"</u> Slot/gauze <u>3/16</u> Length <u>5'</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 _____		
				9 Static water level: <u>14</u> ft. below land surface Date <u>5-17-75</u>		
				10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</u> 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: <u>CI</u> ft. <u>30</u> Direction <u>S.E.</u> Type <u>sewer</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Denninger</u> Model number <u>?</u> HP <u>1/2</u> Volts <u>115</u> Length of drop pipe <u>26</u> ft. capacity <u>20</u> g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input checked="" type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
				16 Remarks: elevation <u>#6 - Domestic - Lawn & garden</u>		
				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 & Well 295</u> Business name _____ License No. _____ Address <u>827 W. 27th St. South</u> Signed <u>Protheroe</u> Date <u>5-17-75</u> Authorized representative		
				Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley <u>Grade</u>		

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

Form WWC-5