

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
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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 <b>Sedgwick</b>	Fraction <b>SE NW SE NE</b> 1/4 <del>NE</del> 1/4 <del>NE</del> 1/4	Section number <b>27</b>	Township number T <b>27</b> S R <b>1E</b> E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>732 South Erie Wichita, Kansas</b>			3. Owner of well: <b>Monroe Brown</b> R.R. or street: <b>732 South Erie</b> City, state, zip code: <b>Wichita, Kansas</b>		
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <b>11</b> in. Completion date <b>12-28-77</b> Well depth <b>42</b> ft.
					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
					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 <b>styrene</b> Light: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <b>81</b> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>5</b> in. to <b>42</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>200</b>
					10. Screen: Manufacturer's name <b>Sunflower Plastic</b> Type <b>styrene</b> Dia. <b>5"</b> Slot <b>1/4"</b> <b>.06</b> Length <b>20'</b> Set between <b>20</b> ft. and <b>40</b> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <b>1/4-1/8"</b>
					11. Static water level: <b>20</b> ft. below land surface Date <b>12-28-77</b> <b>78</b> g.p.m./yr.
					12. Pumping level below land surfaces: ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.
					13. Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date <input type="checkbox"/>
					14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> capped Inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> yes <b>1-2 fine sand mix</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>40'</b> ft. to <b>14</b> ft.
					16. Nearest source of possible contamination: <input type="checkbox"/> City ft. <b>South</b> Direction <b>60'</b> Type <b>Sewer</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: <input checked="" type="checkbox"/> Nat installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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. <b>Harp Well &amp; Pump 236</b> Business name <b>Wichita, Kansas</b> License No. <input type="checkbox"/> Address <input type="checkbox"/> Signed <b>M. Arnold</b> Date <b>1-9-78</b> Authorized representative
18. Elevation:		19. Remarks: <b>Flat Ground</b>			
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