

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

**WATER WELL RECORD**  
**KSA 82g-1201-1215**

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

1. Location of well: <div>County: <u>Sedgwick</u> Fraction: <u>NE 1/4 SE 1/4 SE 1/4</u> Section number: <u>33</u> Township number: <u>T 27 S</u> Range number: <u>R 1 E</u> <u>EW</u></div>	
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>2266 Ellie's</u>	
3. Owner of well: <u>Phillips, Glen C.</u> R.R. or street: <u>2266 Ellie's</u> City, state, zip code: <u>Wichita KS 67211</u>	
4. Locate with "X" in section below: <div><div>Sketch map: </div></div>	
5. Type and color of material	
6. Bore hole dia. <u>9</u> in. Completion date <u>July 9, 1980</u> Well depth <u>22</u> ft.	
7. <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	
8. Use: <input 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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>      </u> lbs./ft. Dia. <u>4</u> in. to <u>0</u> ft. depth Wall Thickness: inches or Dia. <u>4</u> in. to <u>22</u> ft. depth gage No. <u>1200</u>	
10. Screen: Manufacturer's name <u>Cer-mac Superlative</u> Type <u>PVC</u> Dia. <u>6</u> Slot/gauze <u>1/32</u> Length <u>5'</u> Set between <u>17</u> ft. and <u>22</u> ft. <u>      </u> ft. and <u>      </u> ft. Gravel pack? <u>No</u> Size range of material <u>      </u>	
11. Static water level: <u>13</u> ft. below land surface Date <u>      </u> mo./day/yr.	
12. Pumping level below land surfaces: <u>      </u> ft. after <u>      </u> hrs. pumping <u>      </u> g.p.m. <u>      </u> ft. after <u>      </u> hrs. pumping <u>      </u> g.p.m. Estimated maximum yield <u>40</u> g.p.m.	
13. Water sample submitted: <u>      </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>      </u>	
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
15. Well grouted? <u>Yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: <u>CI</u> ft. <u>20</u> Direction <u>SE</u> Type <u>sewer</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>      </u> Model number <u>      </u> HP <u>      </u> Volts <u>      </u> Length of drop pipe <u>      </u> ft. capacity <u>      </u> 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	
18. Elevation:	
19. Remarks: <div>Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley</div> <div><u>well in Basement</u></div>	
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. <u>Protheroe Pump &amp; Well</u> <u>295</u> Business name <u>827 W. 27th St. Wichita KS</u> License No. <u>      </u> Address <u>Protheroe</u> Date <u>7-28-80</u> Signed <u>      </u> Authorized representative	

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

Form WWC-5