

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

WATER WELL RECORD
KSA 82a-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>S 1/4 S 1/4 S 1/4</u> Section number <u>9</u> Township number <u>T 27 S</u> Range number <u>R 1 E</u>					
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>1454 N. Topeka</u>					
3. Owner of well: <u>PR Statery</u> R.R. or street: <u>1454 N. Topeka</u> City, state, zip code: <u>Wichita KS 67203</u>					
4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <p>1 Mile</p> <p>W</p> <p>1 Mile</p> <p>S</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>N</p> <table border="1" style="width: 100px; height: 100px; border-collapse: collapse;"> <tr> <td style="text-align: center;">NW</td> <td style="text-align: center;">NE</td> </tr> <tr> <td style="text-align: center;">SW</td> <td style="text-align: center;">SE</td> </tr> </table> <p>E</p> </div> </div>		NW	NE	SW	SE
NW	NE				
SW	SE				
5. Type and color of material					
Brown Clay	From 0 To 3				
" Sand Fine	3 12				
unknown	12 24				
6. Bore hole dia. <u>1</u> in. Completion date <u>5-10-76</u> Well depth <u>24</u> ft.					
7. Cable tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Dug Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary					
8. Use: 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"/> <input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other <input type="checkbox"/>					
Casing: Material <u>PVC</u> Height Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>12</u> lbs./ft. Dia. <u>1</u> in. to <u>12</u> ft. depth Wall Thickness: inches or Dia. <u>1 1/4</u> in. to <u>24</u> ft. depth gage No. <u>12</u>					
10. Screening Manufacturer's name <u>Midwest</u> Type <u>Sand point</u> Dia. <u>1 1/4</u> Slot/gauze <u>60</u> Length <u>4 ft</u> Set between <u>20</u> ft. and <u>24</u> ft. ft. and ft. Gravel pack? <u>no</u> Size range of material					
11. Static water level: <u>12</u> ft. below land surface Date <u>5-10-76</u> mo./day/yr.					
12. Pumping level below land surfaces: ft. after hrs. pumping g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield <u>15</u> g.p.m.					
13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date					
14. Well head completion: <u>12</u> Pitless adapter <u>12</u> Inches above grade					
15. Well grouted? <u>yes</u> With: Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>11</u> ft.					
Nearest source of possible contamination: <u>Sump</u> ft. <u>10</u> Direction <u>West</u> Type <u>Pump</u> Well disinfected upon completion? <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/>					
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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks: <u>well in Basement</u>				
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 Pumpwell 295</u> Business name <u>827 W 27th St</u> License No. <u>50</u> Address <u>Protheroe</u> Date <u>5-10-76</u> Signed <u>Protheroe</u> Authorized representative					

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

Form WWC-5