

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

NW NW NW SE

County: <u>Sedgwick</u>		Fraction: <u>SW 1/4 SW 1/4 NE 1/4</u>		Section number: <u>17</u>		Township number: <u>27</u>		Range number: <u>1 E</u>	
1. Location of well: <u>Sedgwick</u>				3. Owner of well: <u>Robert T Ray, d/b/a</u>		R.R. or street: <u>962 Back Bay Blvd</u>		City, state, zip code: <u>Wichita, KS 67203</u>	
2. Distance and direction from nearest town or city:				3. Owner of well: <u>Robert T Ray, d/b/a</u>		R.R. or street: <u>962 Back Bay Blvd</u>		City, state, zip code: <u>Wichita, KS 67203</u>	
Street address of well location if in city: <u>962 Back Bay Blvd</u>				3. Owner of well: <u>Robert T Ray, d/b/a</u>		R.R. or street: <u>962 Back Bay Blvd</u>		City, state, zip code: <u>Wichita, KS 67203</u>	
4. Locate with "X" in section below:				Sketch map:		6. Bore hole dia. <u>2</u> in. Completion date <u>7-21-78</u>		Well depth <u>39</u> ft.	
						7. 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			
5. Type and color of material				From		To		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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
<u>LT Tan fine sand</u>				<u>0</u>		<u>17</u>		9. Casing: Material <u>RMP</u> Height: Above or below <u>92</u> in. Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>92</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>120</u> lbs./ft. Dia. <u>4</u> in. to <u>39</u> ft. depth Wall Thickness: inches or Dia. <u>4</u> in. to <u>39</u> ft. depth gage No. <u>120</u>	
<u>LT Gray</u>				<u>17</u>		<u>24</u>		10. Screen: Manufacturer's name <u>Sus Power</u> Type <u>RMP</u> Dia. <u>4</u> in. Slot gauge <u>3/16</u> Length <u>5 ft</u> Set between <u>34</u> ft. and <u>39</u> ft. Grovel pack? <u>No</u> Size range of material	
<u>LT Brown med coarse sand</u>				<u>24</u>		<u>39</u>		11. Static water level: <u>18</u> ft. below land surface Date <u>7-21-78</u>	
								12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>60</u> g.p.m.	
								13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
								14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ inches above grade	
								15. Well grouted? <u>Yes</u> With: _____ Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>03</u> ft. to <u>13</u> ft.	
								16. Nearest source of possible contamination: <u>CI</u> ft. <u>20</u> Direction <u>South</u> Type <u>Sewer</u> Well disinfected upon completion? _____ Yes <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: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other _____	
								18. Elevation:	
								19. Remarks:	
								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> Address <u>Glen Protheroe</u> <u>7-21-78</u> Signed _____ Date _____ Authorized representative	

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

Form WWC-5

MI-1023