

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 <b>Sedgwick</b>	Fraction <b>SW 1/4 NE 1/4 SW 1/4</b>	Section number <b>20</b>	Township number <b>T 27 S</b>	Range number <b>R 1 E E 1/4</b>
X Distance and direction from nearest town or city: Street address of well location if in city: <b>557 W. Douglas</b>				3. Owner of well: <b>Bill DeVoss</b> R.R. or street: <b>15 Crestview Lakes</b> City, state, zip code: <b>Wichita KS</b>		
4. Locate with "X" in section below: <div style="text-align: center;"> </div>				6. Bore hole dia. <b>6</b> in. Completion date <b>1-3-77</b> Well depth <b>32</b> ft.		
5. Type and color of material				7. Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input checked="" type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
				8. Use: Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
From To <b>BACK Fill - Bricks, Rock,</b> <b>Glass &amp; Concrete</b> 0 9 <b>DARK BROWN Clay/sand mix</b> 9 20 <b>LIGHT BROWN med. Gravel</b> 20 32				9. Casing: Material <b>RMP</b> Height <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <b>12</b> lbs./ft. Dia. <b>6</b> in. to <b>0</b> ft. depth Wall Thickness: inches or Dia. <b>6</b> in. to <b>23</b> ft. depth gage No. <b>320 DRP</b>		
				10. Screen: Manufacturer's name <b>Sunflower</b> <b>mfg. Co.</b> Type <b>RMP</b> Dia. <b>4</b> Slot/gauze <b>3/16</b> Length <b>5</b> Set between <b>27</b> ft. and <b>32</b> ft. Gravel pack? <b>No</b> Size range of material		
(Use a second sheet if needed)				11. Static water level: <b>20</b> ft. below land surface Date <b>1-3-77</b>		
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>20</b> g.p.m.		
13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date				14. Well head completion: Pitless adapter <b>12</b> inches above grade		
				15. Well grouted? <b>yes</b> With: Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Depth: From <b>0</b> ft. to <b>12</b> ft.		
16. Nearest source of possible contamination: <b>15</b> Direction <b>NE</b> Type <b>Drain</b> Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" 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		
				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>Protheroe Pump &amp; Well 295</b> Business name _____ License No. _____ Address <b>827 W. 37th St</b> Signed <b>Glenn Protheroe</b> Date <b>1-5-77</b> Authorized representative		
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		19. Remarks:  <div style="text-align: center; font-size: 1.5em;"> <b>Inside office Building</b> </div>				

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

Form WWC-5

27-10  
 Sec 20 SW NE SW  
 1/4 1/4 1/4