

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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County SEDGWICK	Township name Minnecha	Fraction SW 1/4 SW 1/4 SE 1/4	Section number 17	Town number T27S	Range number R2E
Distance and direction from nearest town or city: Wichita, Kansas				3 Owner of well: ROUNDS & PORTER LUMBER		
Street address of well location if in city: 8840 EAST CENTRAL				Address: BOX 2367, Wichita, KS.		
Locate with "X" in section below:		Sketch map:		4 Well depth: 100 ft. Date of completion 11-20-74 Well diameter 11 in.		
				5 <input 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		
				6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
2		Type and color of material		From To		7 Casing: Material PVC Height: above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 5 in. to 100 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No 5 in. to 100 ft. depth!
						8 Screen: Manufacturer PLASTIC , Ralph Jones Jet Stream Type PVC Dia. 5 1/2 Slot/gauze .050 Length 80 Set between 20 ft. and 100 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4" to 1/8"
						9 Static water level: 10 ft. below land surface Date 11-20-74
						10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.
						11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
						12 Well head completion: capped <input type="checkbox"/> Pitless adapter 12 <input type="checkbox"/> Inches above grade
						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 0 ft. to 12 ft.
						14 Nearest source of possible contamination: NONE AT TIME OF DRILLING ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						15 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
16 Remarks: elevation						17 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. HARP WELL & PUMP 236 Business name _____ License No. _____ Address 215 So. TYLER ROAD Signed Mary Arnold Date 11-20-74 Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5