

USE TYPEWRITER OR BALL  
POINT PEN—PRESS FIRMLY,  
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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 <i>Sedgewick</i>	Fraction <i>SW 1/4 SE 1/4 SW 1/4</i>	Section number <i>24</i>	Township number <i>T 27 S</i>	Range number <i>R 2 E</i>
2. Distance and direction from nearest town or city:		Street address of well location if in city:		3. Owner of well:		
		<i>14802 E. 54th Hwy</i>		<i>Morris Stauffer</i>		
		<i>Nichita, Kansas</i>		R.R. or street: <i>P.O. Box 8267</i>		
				City, state, zip code: <i>Nichita, Kans.</i>		
4. Locate with "X" in section below: Sketch map:				6. Bore hole dia. _____ in. Completion date _____		
				Well depth <i>84</i> ft. <i>10-21-75</i>		
				7. <input checked="" 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		
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
5. Type and color of material				9. Casing: Material _____ Height: _____ or below		
				Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface _____ in.		
				RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft.		
				Dia. <i>5</i> in. to <i>84</i> ft. depth Wall Thickness: inches or _____		
				Dia. _____ in. to _____ ft. depth Gage No. <i>1200</i>		
				10. Seal: Manufacturer's name <i>Sunflower Plastic</i>		
				Type <i>Styrene</i> Dia. <i>5 1/2</i> "		
				Slot gauze <i>1.050</i> Length <i>39 ft.</i>		
				Set between <i>37</i> ft. and <i>84</i> ft.		
				Gravel pack? <i>yes</i> Size range of material <i>1/4-1/8</i> "		
				11. Static water level: _____ mo./day/yr.		
				<i>21</i> ft. below land surface Date <i>10-21-75</i>		
				12. 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.		
				13. Water sample submitted: _____ mo./day/yr.		
				<input type="checkbox"/> Yes <input type="checkbox"/> No Date _____		
				14. Well head completion: <i>13 Capped</i>		
				<input type="checkbox"/> Pitless adapter _____ inches above grade		
				15. Well grouted? <i>yes</i>		
				With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete		
				Depth: From <i>40</i> " to <i>14</i> " ft.		
				16. Nearest source of possible contamination: <i>none</i>		
				ft. _____ Direction _____ Type _____		
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				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		
18. Elevation:				20. Water well contractor's certification:		
19. Remarks:				this well was drilled under my jurisdiction and this report		
<p>Topography:</p> <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				is true to the best of my knowledge and belief.		
<i>Septic Tank was not installed when well was drilled.</i>				<i>Harb Well Pump 236</i>		
<i>No other apparent source for contamination</i>				Business name _____ License No. _____		
				Address _____		
				Signed <i>M. Arnold</i> Date <i>10-23-75</i>		
				Authorized representative		

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

Form WWC-5