

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

SW 1/4 NW 1/4

1 Location of well:	County <i>Butler</i>	Township name <i>Brown NW 1/4</i>	Fraction <i>SW 1/4 NW 1/4</i>	Section number <i>23</i>	Town number <i>275</i>	Range number <i>R 3 E</i>
Distance and direction from nearest town or city: <i>5 West 1/2 north Augusta Kans</i>			3 Owner of well: <i>Leonard L. Love</i> Address: <i>848 S Pershing Av Wichita Kans</i>			
Locate with "X" in section below: Sketch map: N W E S 1 Mile						
4 Well depth:	<i>60</i>		ft. Date of completion	<i>4-29-1975</i>		
Well diameter <i>7</i> in.						
5 <input checked="" type="checkbox"/> Cable tool <input 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						
7 Casing: Material <i>Steel</i> Height: <i>above</i> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>30</i> in. Diam. <i>15</i> lbs./ft. <i>10</i> in. to <i>60</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>7</i> in. to <i>60</i> ft. depth						
8 Screen: <i>Sunflower Plastic pipe</i> Manufacturer <i>Wichita Kans Inc</i> Type <i>Rings</i> Dia. <i>6"</i> Slo. gauge <i>1/16</i> Length <i>20 ft</i> Set between <i>30</i> ft. and <i>40</i> ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material						
9 Static water level: <i>40</i> ft. below land surface Date <i>4-29-1975</i>						
10 Pumping level below land surfaces: ft. after hrs. pumping g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield <i>20 gpm</i>						
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <i>4-29-1975</i>						
12 Well head completion: <input type="checkbox"/> Pitless adapter <i>30</i> 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 Depth: From <i>15</i> ft. to <i>18</i> ft.						
14 Nearest source of possible contamination: ft. <i>200</i> Direction <i>SE</i> Type <i>Septic</i> 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 <i>HP</i> Volts <i>110</i> Length of drop pipe <i>ft.</i> capacity <i>g.m.p.</i> 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 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						
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. <i>Henry Wike Well Driller</i> Business name <i>Augusta Kans</i> License No. Address <i>Augusta Kans</i> Signed <i>Henry Wike</i> Date <i>4-29-1975</i> Authorized representative						

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

Form WWC-5