

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

WATER WELL RECORD  
KSA 82a-1201-1215

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

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

1 Location of well:	County <b>Butler</b>	Township name <b>Bruno</b>	Fraction <b>NW 1/4 SW 1/4 NE 1/4</b>	Section number <b>23</b>	Town number <b>27s</b>	Range number <b>3E</b>
Distance and direction from nearest town or city: <b>1/2 mile East of Augusta, Kansas</b>			3 Owner of well: <b>Mel Trammel R#2 Box 251-74 Derby, Kansas 67037</b>			
Street address of well location if in city: <b>Airport on Central</b>			Address:			
Locate with "X" in section below:			Sketch map:			
2	Type and color of material			From	To	
	<b>Dirt and Top Soil</b>			0	2	
	<b>Clay</b>			2	6	
	<b>Rock</b>			6	60	
	<b>Shale</b>			60	95	
	<b>Rock</b>			95	115	
	<b>Shale (Blue)</b>			115	150	
(use a second sheet if needed)						
16 Remarks: elevation	<b>Flat Ground</b>					
Topography:						
<input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						
4 Well depth: <b>150</b> ft. Date of completion <b>4-27-75</b>	Well diameter <b>11</b> in.					
<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"/>						
7 Casing: Material <b>Styrene</b> Length: above/below <b>11/1</b> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. <b>5</b> in. to <b>150</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No in. to <b>ft.</b> depth						
8 Screen: Manufacturer <b>Sunflower Plastic</b> Type <b>Styrene</b> Dia. <b>5"</b> Slot/gauze <b>.005</b> Length <b>85'</b> Set between <b>65</b> ft. and <b>150</b> ft. Fittings: Gravel pack? <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1-1/8"</b>						
9 Static water level: <b>60</b> ft. below land surface Date <b>4-27-75</b>						
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: <b>capped</b> <input type="checkbox"/> Pitless adapter <b>12</b> <input checked="" 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 <b>0</b> ft. to <b>12</b> ft.						
14 Nearest source of possible contamination: ft. <b>60</b> Direction <b>SW</b> Type <b>Septic</b> 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 <b>HP</b> <b>Volts</b> Length of drop pipe ft. capacity g.m.p. 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						
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. <b>Harp Well &amp; Pump 236</b> Business name <b>Wichita, Kansas</b> License No. <b>67209</b> Address Signed <b>M. Arnell</b> Date <b>4-28-75</b> Authorized representative						

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

Form WWC-5