

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 Butler	Township name Bruno	Fraction CE 1/2 NW 1/4	Section number 23	Town number 27S	Range number 3E
Distance and direction from nearest town or city: 5/8 mile No. of			3 Owner of well: Billy J. Poore			
Street address of well location if in city: Augusta Airport, 2			Address: 4122 South Wichita, Wichita, Kansas			
Locate with "X" in section below: N W E S 1 Mile			4 Well depth: 45 ft. Date of completion 3-26-75 Well diameter 11 in.			
2 Type and color of material			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"/>			
			7 Casing: Material Styrene Height: above/below 12 1/4 in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> Diam. 5 in. to 45 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No 5 in. to 45 ft. depth			
			8 Screen: Sunflower Plastic Manufacturer Styrene Dia. 5" Slot/gauze .005 Length 15' Set between 35 ft. and 45 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1-1/8"			
			9 Static water level: 34 ft. below land surface Date 3-26--75			
(use a second sheet if needed)			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: <input checked="" type="checkbox"/> Pitless adapter 12 <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 ____ ft. to 12 ft.			
			14 Nearest source of possible contamination: Septic tank ft. 70 Direction West Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
16 Remarks: elevation Flat Ground Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			15 Pump: <input type="checkbox"/> Not installed Manufacturer Sta-Rite Model number LP6D2 HP 3/4 Volts 230 Length of drop pipe 40 ft. capacity 20 g.m.p. Type: <input checked="" 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. Harp Well & Pump, Inc. 236 Business name Wichita, Kansas License No. ____ Address Wichita, Kansas Signed Mr. [Signature] Date 4-1-75 Authorized representative			

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

Form WWC-5