

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 SW 1/4 SW 1/4 SW 1/4	Section number 29	Town number 27S	Range number 3E		
Distance and direction from nearest town or city: ON ROSE HILL ROAD 3/4 MI. SO ANDOVER Street address of well location if in city: 1522 ROSE HILL ROAD			3 Owner of well: ZINN GONST CO Address: 1440 COLLEN TERRACE WICHITA, KS					
Locate with "X" in section below: N W E S 1 Mile			Sketch map: 			4 Well depth: 39 ft. Date of completion: 5-8-75 Well diameter: 8 in.		
2 Type and color of material			From			To		
			Brown Surface Gravel			0 7		
			Yellow Clay			7 17		
			Limestone Rock			17 19		
			Light Gray Clay			19 25		
Light Gray Water Shale			25 28					
Gray Clay			28 39					
						8 Screen: Manufacturer: Simmons Plastic Type: RMP Dia. 6" Slot gauze: 4" x 1/2" Length: 20 ft Set between 19 ft. and 39 ft. Fittings: 3/8" Per Dr. Drill Gravel pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material: _____		
						9 Static water level: 15 ft. below land surface Date 5-8-75		
						10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 20 g.p.m.		
						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
						12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Capped _____ 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 3 ft. to 15 ft.		
						14 Nearest source of possible contamination: ft. 75 Direction EAST Type Septic 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 Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley Customer knows requirements of 4'x4' Concrete Slab Ben Bruggen						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. SIMMONS DRILLING 162 Business name _____ License No. _____ Address USE CENTRAL ANDOVER Signed Ben Bruggen Date 5-15-75 Authorized representative		

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

Form WWC-5