

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

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 BUTLER	Fraction SE 1/4 SE 1/4 NE 1/4	Section number 31	Township number T 27S	Range number S R 3E E/W	
2. Distance and direction from nearest town or city: 1 1/2 mi So of ANDOVER	3. Owner of well: CARL PHILLIPS					
on ROSE HILL RD	R.R. or street: Drilled for ZINN CONST CO 1440 GOLDEN					
Street address of well location if in city: BRIDLEWOOD ESTATES	City, state, zip code: TERRACE WICHITA KS					
CITATION RD						
4. Locate with "X" in section below:	Sketch map: 					
6. Bore hole dia. 9 in. Completion date 10-23-75 Well depth 44 ft.						
7. <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						
8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other						
9. Casing: Material PLASTIC Height Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 14 in. RMP C PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 6 in. to 24 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 100						
10. Screen: Manufacturer's name SUNFLOWER PLASTIC Type RMP Dia. 6" Slot/gauze 1/4" Holes Length 20 ft Set between 24 ft. and 44 ft. ft. and 44 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material Yellow sand						
11. Static water level: mo./day/yr. 20 ft. below land surface Date 10-23-75						
12. Pumping level below land surfaces: ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 20 g.p.m.						
13. Water sample submitted: mo./day/yr. Yes <input type="checkbox"/> No <input type="checkbox"/> Date						
14. Well head completion: Pitless adapter <input type="checkbox"/> inches above grade						
15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 3 ft. to 15 ft.						
16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction NE Date Time of well completion Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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: Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						19. Remarks: Customer knows requirements on 4x4 concrete slab: will be installed by Contractor of Home
(Use a second sheet if needed)						20. 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 <input type="checkbox"/> License No. <input type="checkbox"/> Address 115 E CENTRAL ANDOVER Signed Ben Bruce Date 11-16-95 Authorized representative <input type="checkbox"/>

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

Form WWC-5