

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
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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 NW 1/4 SW 1/4 SW 1/4	Section number 23	Township number T 28 S	Range number R 3E E/W
2. Distance and direction from nearest town or city:		3. Owner of well:		#2 North 4 miles East of the Rose Hill Rd Douglas, Kansas		
Street address of well location if in city:		R.R. or street:		City, state, zip code:		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 11 in. Completion date 3-1-77 Well depth 123 ft.		
		and 13 mile North Rose Hill Kansas		7. Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary		
5. Type and color of material		From	To	8. Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☐ Lawn ☐ Oil field water ☐ Other		
Topsoil Brown Clay Brown Shale Gray Shale Brown Shale Gray Shale Brown Hard Shale Red Shale		0 3 15 30 60 85 110	3 15 30 60 85 123	9. Casing: Material galv Height Above or below Threaded ☐ Welded ☐ Surface ☐ in. RMP ☒ PVC ☐ Weight ☐ lbs./ft. Dia. 5 in. to 123 ft. depth Wall Thickness: inches or Dia. ☐ in. to ☐ ft. depth gage No. 200		
				10. Screen: Manufacturer's name Sunflower Plastic Type slotted Dia. 5 " Slot 0.06 Length 40 ft Set between 8.3 ft. and 123 ft. Gravel pack yes Size range of material 1/4-1/2"		
				11. Static water level: 83 ft. below land surface Date 3-1-77		
				12. 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.		
				13. Water sample submitted: _____ mo./day/yr. ☐ Yes ☐ No Date _____		
				14. Well head completion: 12 cased ☐ Pitless adapter _____ inches above grade		
				15. Well grouted? yes With: ☒ Neat cement ☐ Bentonite ☒ Concrete Depth: From 40 ft to 14 ft. OK		
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? ☒ Yes ☐ No		
				17. Pump: ☒ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: ☐ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other		
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography: ☐ Hill ☒ Slope ☐ Upland ☐ Valley		Septic system not installed when the well was drilled. no apparent source for contamination.		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Sharp Well Pump 236 Business name _____ License No. _____ Address Wichita, Kansas Signed M. Arnold Date 3-22-77 Authorized representative		

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

Form WWC-5