

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

SW SW NE NW

1. Location of well:	County: <u>Sedgwick</u>	Fraction: <u>1/4 NW 1/4 NW 1/4</u>	Section number: <u>11</u>	Township number: T <u>29</u> S	Range number: R <u>1</u> E
2. Distance and direction from nearest town or city:	8123 Millsap Derby, Kans.		3. Owner of well: <u>Vernon Ford</u>		
Street address of well location if in city:			R.R. or street: <u>8123 Millsap</u>		
			City, state, zip code: <u>Derby, Kansas</u>		
4. Locate with "X" in section below:	Sketch map:		6. Bore hole dia. <u>1 1/2</u> in. Completion date <u>11-26-75</u>		
			Well depth <u>35</u> ft.		
			7. <input checked="" 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		
5. Type and color of material			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		
Topsoil			9. Casing: Material <u>steel</u> Height <u>above</u> or below		
Clay			Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in.		
Fine Sand and Clay Balls			RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>12</u> lbs./ft.		
Medium Sand			Dia. <u>5</u> in. to <u>35</u> ft. depth Wall Thickness: inches or		
Blue Shale			Dia. <u>5</u> in. to <u>35</u> ft. depth gage No. <u>200</u>		
			10. Screen: Manufacturer's name <u>Sunflower Plastic</u>		
			Type <u>Styrene</u> Dia. <u>5"</u>		
			Slot/gauze <u>1.06</u> Length <u>10'</u>		
			Set between <u>2.5</u> ft. and <u>3.5</u> ft.		
			Gravel pack <u>yes</u> Size range of material <u>1/4" - 1/2"</u>		
			11. Static water level: <u>16</u> ft. below land surface Date <u>11-26-75</u>		
			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:		
			<input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
			15. Well grouted? <u>yes</u>		
			With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete		
			Depth: From <u>40'</u> to <u>14'</u> ft.		
			16. Nearest source of possible contamination:		
			ft. <u>60</u> Direction <u>South</u> Type <u>Septic Tank</u>		
			Well disinfected upon completion? <input checked="" type="checkbox"/> Yes ____ No		
			17. Pump:		
			____ Not installed		
			Manufacturer's name <u>Sta-Rite</u>		
			Model number <u>LP6D2</u> HP <u>3/4</u> Volts <u>230</u>		
			Length of drop pipe <u>25</u> ft. capacity <u>20</u> g.p.m.		
			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		
(Use a second sheet if needed)					
18. Elevation:	19. Remarks:		20. Water well contractor's certification:		
Topography:			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<input checked="" type="checkbox"/> Hill			<u>Hard Well + Pump 236</u>		
<input checked="" type="checkbox"/> Slope			Business name <u>Trachita, Kans.</u> License No. ____		
<input type="checkbox"/> Upland			Address <u>Trachita, Kans.</u>		
<input type="checkbox"/> Valley			Signed <u>M. Arnold</u> Date <u>11-28-75</u>		
			Authorized representative		

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

Form WWC-5