

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 <u>Sedgwick</u>	Fraction <u>SW 1/4 NW 1/4 NW 1/4</u>	Section number <u>36</u>	Township number <u>T 29 S</u>	Range number <u>R 2 E</u>
2. Distance and direction from nearest town or city: <u>30 3 E 3/4 N</u> Street address of well location if in city: <u>Of Mulvane KS</u>			3. Owner of well: <u>Jerry Fletcher</u> R.R. or street: <u>Box 188</u> City, state, zip code: <u>Mulvane KS 67110</u>		
4. Locate with "X" in section below: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <p style="text-align: center;">N</p> <p style="text-align: center;">S</p> <p style="text-align: center;">W      E</p> </div> <div> <p>Sketch map:</p> <p style="font-size: 1.5em;">↑ Drainage X well open field</p> </div> </div>			6. Bore hole dia. <u>9</u> in. Completion date <u>7-5-79</u> Well depth <u>98</u> ft.		
5. Type and color of material			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 <u>PVC</u> Height: Above or below Threading <u>Welded</u> Surface <u>14</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>14</u> lbs./ft. Dia. <u>6</u> in. to <u>98</u> ft. depth Wall Thickness: inches or Dia. <u>  </u> in. to <u>  </u> ft. depth Gauge No. <u>100</u>		
			10. Screen: Manufacturer's name <u>Jess E Lowell</u> Type <u>RMP</u> Dia. <u>6"</u> Slot/gauze <u>1/16</u> Length <u>30</u> Set between <u>68</u> ft. and <u>78</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>14-24</u>		
(Water at 83')			11. Static water level: <u>84</u> ft. below land surface Date <u>7-5-79</u>		
			12. Pumping level below land surfaces: <u>NA</u> ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.		
			13. Water sample submitted: ____ Yes <input checked="" type="checkbox"/> No ____ Date ____		
			14. Well head completion: <u>14</u> inches above grade ____ Pitless adapter		
			15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>10</u> ft. to <u>0</u> ft.		
			16. Nearest source of possible contamination: <u>NA</u> ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes ____ No		
			17. 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		
			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. <u>Brady Water Wells</u> <u>363</u> Business name License No. Address <u>22 Douglas St KS</u> Signed <u>Richard Brady</u> Date <u>7-5-79</u> Authorized representative		
18. Elevation:  Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <u>Owner will install concrete slab</u>			

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

Form WWC-5