

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 <b>Reno</b>	Fraction <b>SE 1/4 NW 1/4 NE 1/4</b>	Section number <b>13</b>	Township number <b>T 23</b>	Range number <b>S 6 R 6</b>
2. Distance and direction from nearest town or city: <b>101 E 1st</b> Street address of well location if in city: <b>Hutchinson</b>				3. Owner of well: <b>First United Methodist Church</b> R.R. or street: <b>101 E. 1st</b> City, state, zip code: <b>Hutchinson Kan. 67501</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>9</b> in. Completion date Well depth <b>37</b> ft. <b>10-4-77</b>		
				7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Driven <input checked="" type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input checked="" type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
5. Type and color of material		From	To	8. Use: <input 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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
brown sandy soil		0	2	9. Casing: Material <b>Plas</b> Height: <b>above</b> or below Threaded <input type="checkbox"/> Welded <b>blue</b> Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>6</b> in. to <b>37</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>1125</b>		
brown sandy clay		2	6	10. Screen: Manufacturer's name <b>J&amp;L</b> Type <b>RMP</b> Dia. <b>6"</b> Slot/gauze <b>1/8 hole</b> Length <b>10'</b> Set between <b>27</b> ft. and <b>37</b> ft. ft. and ft. Gravel pack? <b>NO</b> Size range of material		
brown & grey clay		6	13	11. Static water level: <input type="checkbox"/> mo./day/yr. <b>19</b> ft. below land surface Date <b>10-4-77</b>		
fine sand		13	16	12. Pumping level below land surfaces: <b>20</b> ft. after <b>1</b> hrs. pumping <b>30</b> g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield <b>75</b> g.p.m.		
fine gravel		16	19	13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		
medium gravel		19	37	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade		
				15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>3</b> ft. to <b>13</b> ft.		
				16. Nearest source of possible contamination: <b>solid</b> ft. <b>30</b> Direction <b>E</b> Type <b>sewer</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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. <b>Price Water Well 193</b> Business name <b>RR3 Hutchinson</b> License No. Address <b>John Davenport</b> Date <b>6-24-78</b> Signed <b>John Davenport</b> Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

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

Form WWC-5