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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

NE SW NE SW

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Sedg.	WACO.	SE NW NW	10	28 S	1W

Distance and direction from nearest town or city:

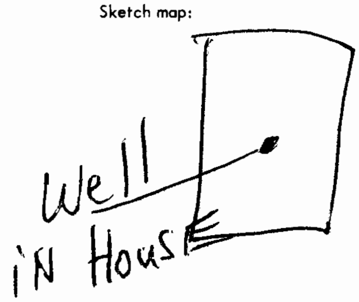
3 Owner of well: Gary Johanning

Street address of well location if in city: 6635 Hollywood Wichita.

Address: 1204 W. 29th So Wichita KS.

Locate with "X" in section below: N, W, E, S — X in NW portion; ←1 Mile→

Sketch map:



4 Well depth: 60 ft. Date of completion 8/10
Well diameter 5 in.

5 ☐ Cable tool ☑ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☑ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐

7 Casing: Material PMP Height: above/below
Threaded ☐ Welded ☐ Surface 12 in.
Diam. Weight 150 lbs./ft. .00
5 in. to 60 ft. depth Drive shoe? ☐ Yes ☐ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Top Soil.	0	10
Clay.	10	18
Fine Sand.	18	29
Clay	29	33
Fine Sand	33	45
GRAVEL	45	60

(use a second sheet if needed)

8 Screen:
Manufacturer Sunflower.
Type PLASTIC Dia. 5"
Slot/gauze 1/8 Length 10'
Set between 50 ft. and 60 ft.
Fittings:
Gravel pack ☑ Yes ☐ No Size range of material 3/8

9 Static water level:
30 ft. below land surface Date 8/10

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping UNKN ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 80 g.p.m.

11 Water sample submitted:
☐ Yes ☑ No Date ___

12 Well head completion:
☐ Pitless adapter 12 inches above grade

13 Well grouted? ☑ Yes ☐ No
☑ Neat cement ☐ Bentonite ☐
Depth: From 0 ft. to 10 ft. Regmé

14 Nearest source of possible contamination:
ft. ___ Direction NONE Type ___
Well disinfected upon completion? ☑ Yes ☐ No

15 Pump: ☑ Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation

Topography:
☐ Hill
☐ Slope
☑ Upland
☐ Valley

17 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.
Business name Nenninger Drlg. License No. 318
Address R1 Colwich KS.
Signed [signature] Authorized representative Date 8/10/75

28 1W 10 SE NWNW

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

677-H