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

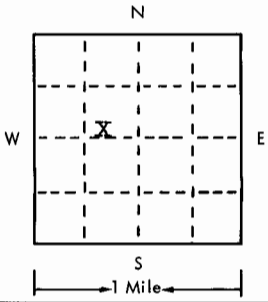
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Kingman	Dale	NE¼NW¼	36	28S	6W

Distance and direction from nearest town or city: Route #2
Street address of well location if in city: Kingman, Kansas

3 Owner of well: Frank Baughman
Address: 802 North Anna Wichita, Kansas 67212

Locate with "X" in section below:



Sketch map:

4 Well depth: 90 ft. Date of completion 1-27-75
Well diameter 11 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 Styrene Height: above/~~below~~
Threaded ☐ Welded ☐ Surface 12 in.
Diam. 5 in. to 90 ft. depth Weight ____ lbs./ft.
____ in. to ____ ft. depth Drive shoe? ☐ Yes ☐ No

2

Type and color of material	From	To
Sandy top soil	0	5
White clay	5	18
Sandy clay	18	23
Clay	23	47
Fine sand	47	76
Medium fine sand	76	90
(use a second sheet if needed)		

8 Screen:
Manufacturer Sunflower
Type styrene Dia. 5"
Slot/gauze .050 Length 10'
Set between 80 ft. and 90 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material ¼-1/8"

9 Static water level:
25 ft. below land surface Date 1-27-75

10 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.

11 Water sample submitted:
☐ Yes ☐ No Date ____

12 Well head completion: capped
☐ Pitless adapter 12 ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ _____
Depth: From 0 ft. to 12 ft.

14 Nearest source of possible contamination:
ft. 60 Direction East Type Horse Lot
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
Level ground

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.
Harp Well & Pump Serv. 236
Business name License No.
Address Wichita, Kansas
Signed Mary Arnold Date 2-24-75
Authorized representative

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

Form WWC-5