

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

County <b>Sumner</b>		Fraction <b>1/4 NW 1/4 SW 1/4</b>		Section number <b>6</b>		Township number <b>T 30 S</b>		Range number <b>R 4W E/W</b>	
2. Distance and direction from nearest town or city: <b>2 miles West of Suppesville, 1/2 North</b>				3. Owner of well: <b>A. J. Fieser</b> R.R. or street: <b>R. R. #1</b> City, state, zip code: <b>Norwich, Kansas</b>					
4. Locate with "X" in section below: <div style="text-align: center;"> </div> Sketch map: <b>Suppesville, Kansas</b>				6. Bore hole dia. <b>11</b> in. Completion date _____ Well depth <b>80</b> ft. <b>6-9-77</b>					
				7. <input 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					
				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 <b>styrene</b> Height: Above or below _____ Threaded _____ Welded <b>81</b> Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>80</b> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth Page No. <b>200</b>					
5. Type and color of material				From	To	10. Screen: Manufacturer's name _____ <b>Sunflower Plastic</b> Type <b>styrene</b> Dia. <b>5"</b> Slot/gulp <b>06</b> Length <b>60'</b> Set between <b>20</b> ft. and <b>80</b> ft. _____ ft. and _____ ft. Gravel pack? <b>yes</b> Size range of material <b>1/4-1/8"</b>			
<b>Topsoil</b>				<b>0</b>	<b>3</b>	11. Static water level: _____ mo./day/yr. <b>18</b> ft. below land surface Date <b>6-9-77</b>			
<b>Brown Clay</b>				<b>3</b>	<b>6</b>	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.			
<b>Fine Sand</b>				<b>6</b>	<b>18</b>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____			
<b>Red Shale</b>				<b>18</b>	<b>80</b>	14. Well head completion: _____ <input type="checkbox"/> Pitless adapter <b>12</b> <b>capped</b> inches above grade			
						15. Well grouted? <b>yes</b> <b>1-2 fine sand m</b> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete _____ Depth: From <b>40'</b> to <b>14</b> ft.			
						16. Nearest source of possible contamination: <b>Septic</b> ff. <b>75</b> Direction <b>SW</b> Type <b>Tank</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			
(Use a second sheet if needed)									
18. Elevation:		19. Remarks: <b>Flat Ground</b>			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>Harp Well &amp; Pump 236</b> Business name _____ License No. _____ Address <b>Wichita, Kansas</b> Signed <b>M. Arnold</b> Date <b>8-31-77</b> Authorized representative				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley									

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

Form WWC-5