

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

1. Location of well: County <u>Sedgwick</u>		Fraction <u>NW NW NE</u> <u>1/4 NW 1/4 NE 1/4</u>	Section number <u>26</u>	Township number T <u>25</u> S R <u>10</u> E W	Range number
2. Distance and direction from nearest town or city: <u>1/2 Blk W. of River on</u>			3. Owner of well: <u>Don Babel Castel Homes</u> R.R. or street: <u>8725 Lockmeery Circle</u> City, state, zip code: <u>Wichita, Kansas</u>		
4. Locate with "X" in section below:		Sketch map: <u>93rd St. North</u> <u>Wichita, Kansas</u>		6. Bore hole dia. <u>5</u> in. Completion date <u>4-25-76</u> Well depth <u>95</u> ft.	
				7. <input checked="" 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	
5. Type and color of material		From	To	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"/> Stack <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
<u>Topsoil</u>		<u>0</u>	<u>3</u>	9. Casing: Material <u>STYRENE</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>GL</u> Surface <u>12</u> in. RMP <u>5</u> PVC Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>95</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u>	
<u>Fine sand</u>		<u>3</u>	<u>19</u>	10. Screen: Manufacturer's name <u>SUNFLOWER PLASTIC</u> Type <u>STYRENE</u> Dia. <u>5"</u> Slot/gauze <u>0.6</u> Length <u>70'</u> Set between <u>25</u> ft. and <u>95</u> ft. _____ ft. and _____ ft.	
<u>Blue Shale</u>		<u>19</u>	<u>95</u>	Gravel pack <u>YES</u> size range of material <u>1/4-1/8</u>	
				11. Static water level: _____ mo./day/yr. <u>30</u> ft. below land surface Date _____	
				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.	
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
				14. Well head completion: <u>12 capped</u> <input type="checkbox"/> Pitless adapter _____ inches above grade	
				15. Well grouted? <u>YES</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>40"</u> ft. to <u>14'</u> ft.	
				16. Nearest source of possible contamination: <u>None</u> ft. _____ Direction _____ Type _____ 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	
18. Elevation:		(Use a second sheet if needed)		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>HARP WELL & Pump 236</u> Business name _____ License No. _____ Address <u>WICHITA, KANSAS</u> Signed <u>M. Arnold</u> Date <u>6-15-76</u> Authorized representative	
19. Remarks: <u>Flat Ground</u> <u>Septic Tank was not</u> <u>installed when the well</u> <u>was drilled.</u> <u>No apparent source of</u> <u>contamination.</u>					

27
T
R
W
26
NE
NE
NE
NE

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

Form WWC-5