

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 Sedgwick	X Fraction NW 1/4 NW 1/4 SW 1/4	Section number 29	Township number T 25 S R	Range number 1E EW
X Distance and direction from nearest town or city: Street address of well location if in city: 8801 North Walnut			3. Owner of well: Paul Pritchard R.R. or street: 8751 North Walnut City, state, zip code: Valley Center, Kansas		
4. Locate with "X" in section below: N Sketch map: Valley Center, Kansas W E S 1 Mile			6. Bore hole dia. <u>11</u> in. Completion date <u>2-27-79</u> Well depth <u>71</u> ft.		
5. Type and color of material			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		
			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 <u>styrene</u> Height: Above or below <u>12</u> in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>71</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <u>200</u>		
			10. Screen: Manufacturer's name <u>Sunlower Plastic</u> Type <u>styrene</u> Dia. <u>5"</u> Slot/gal <u>1/4</u> Length <u>26'</u> Set between <u>45</u> ft. and <u>71</u> ft. Gravel pack? <u>yes</u> Size range of material <u>1/4-1/7"</u>		
Topsoil			From	To	11. Static water level: _____ mo./day/yr. <u>20</u> ft. below land surface Date <u>2-27-79</u>
Clay			0	3	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.
Fine Sand			3	32	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
Grey Shale			32	47	14. Well head completion: _____ capped <input type="checkbox"/> Pitless adapter _____ 12 inches above grade
			47	71	15. Well grouted? <u>yes 1-2 fine sand mix</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 _____ 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)					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>Don Arnold</u> Date <u>3-2-79</u> Authorized representative
18. Elevation:	19. Remarks: Flat Ground Septic system not installed at this time. No apparent source for contamination.				
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