

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 <b>Sedgwick</b>	Fraction <b>NW 1/4 NW 1/4 SW 1/4</b>	Section number <b>26</b>	Township number <b>T 25 S R 2 E/W</b>	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>8808 No. 127th St. E Valley Center, Ks.</b>			3. Owner of well: R.R. or street: City, state, zip code: <b>Kansas Industrial Environment Service, Inc. 8808 No. 127th St. E. P.O. Box 745 Valley Center, Kansas 67226</b>			
4. Locate with "X" in section below: N MW#2		Sketch map:		6. Bore hole dia. <b>3 1/2</b> in. Completion date <b>1-5-77</b> Well depth <b>31</b> 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		
				8. Use: <input 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 checked="" type="checkbox"/> Other		
				9. Casing: Material _____ Height: Above or below _____ Threaded _____ Welded _____ Surface <b>18 1/2</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>2.28</b> lbs./ft. Dia. <b>5</b> in. to <b>31</b> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <b>.214</b>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name <b>PVC - NSF 160 P.S.I.</b> Type <b>PVC 160PSI</b> Dia. <b>5"</b> Slot/gauge <b>.06</b> Length <b>11"</b> Set between <b>20</b> ft. and <b>31</b> ft. Gravel pack? <input checked="" type="checkbox"/> yes size range of material <b>1/8"</b>		
Topsoil		0	2	11. Static water level: _____ mo./day/yr. <b>N/A</b> ft. below land surface Date _____		
Clay - yellowish tan, sticky		2	48	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: <b>18</b> capped See #1 <input type="checkbox"/> Pitless adapter _____ inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: <b>See Map</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input 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		
				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>1-13-77</b> Authorized representative		
18. Elevation: <b>See attached Map</b>		19. Remarks: <b>#8 Monitor well #14 Well head capped with 5" I.P.S. cap.</b>				
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