

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>SE 1/4 NW 1/4 SW 1/4</b>	Section number <b>26</b>	Township number T <b>25</b> S	Range number R <b>2</b> E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>8808 N. 127th St. E Valley Center, Ks.</b>			3. Owner of well: <b>Kansas Industrial Environment Service, Inc.</b> R.R. or street: <b>8808 N. 127th St. E. P.O. Box 245</b> City, state, zip code: <b>Valley Center, Kansas 67226</b>		
4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> </div> <div> <p>NW#7</p> </div> </div>			6. Bore hole dia. <u>1 1/2</u> in. Completion date <u>1-5-77</u> Well depth <u>30</u> ft.		
			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 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 <input type="checkbox"/> Height: Above or below <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>2.28</u> lbs./ft. Dia. <u>5</u> in. to <u>30</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>.214</u>		
5. Type and color of material			From	To	10. Screen: Manufacturer's name <u>PVC - NSF 160 P.S.I.</u> Type <u>PVC 160 PSI</u> Dia. <u>5"</u> Slot/gauge <u>06</u> Length <u>10'</u> Set between <u>20</u> ft. and <u>30</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4-1/8"</u>
Topsoil			0	2	11. Static water level: <u>N/A</u> ft. below land surface Date _____ mo./day/yr.
Clay - yellowish tan, sticky			2	30	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>18</u> capped See #19 <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 <u>0</u> ft. to <u>10</u> ft.
					16. Nearest source of possible contamination: See Map 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
(Use a second sheet if needed)					
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:  <b>See attached Map #8 Monitor well #14 well head capped with 5" I.P.S. cap.</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 <u>Wichita, Kansas</u> License No. _____ Address _____ Signed <u>M. Arnold</u> Date <u>1-13-77</u> Authorized representative		

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

Form WWC-5