

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
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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 <i>Sedgewick</i>	Fraction <i>NW 1/4 NE 1/4 NE 1/4</i>	Section number <i>18</i>	Township number <i>T 26 S R 1 E</i>	Range number <i>1</i>
2. Distance and direction from nearest town or city: Street address of well location if in city:		<i>1321 Columbia Terrace</i>		3. Owner of well: R.R. or street: City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: <i>Wichita, Kansas</i>		6. Bore hole dia. <i>4 1/2</i> in. Completion date Well depth <i>45</i> ft. <i>10-4-76</i>		
5. Type and color of material		From		To		7. <input type="checkbox"/> Cable tool <input 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
<i>Topsoil</i>		<i>0</i>		<i>3</i>		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
<i>Clay</i>		<i>3</i>		<i>9</i>		9. Casing: Material <i>stippled</i> Height above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft.
<i>Medium Sand</i>		<i>9</i>		<i>25</i>		Dia. <i>5</i> in. to <i>45</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>200</i>
<i>Clay</i>		<i>25</i>		<i>27</i>		10. Screen: Manufacturer's name <i>Sunflower Plastic</i> Type <i>stippled</i> Dia. <i>5</i> in. Plot gauze <i>0.06</i> Length <i>13</i> ft. Set between <i>32</i> ft. and <i>45</i> ft. Gravel pack <i>yes</i> size range of material <i>1/4-1/8</i>
<i>Medium Sand</i>		<i>27</i>		<i>45</i>		11. Static water level: <input type="checkbox"/> mo./day/yr. <i>15</i> ft. below land surface Date <i>10-4-76</i>
						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: <input type="checkbox"/> Yes <input type="checkbox"/> No Date ____
						14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <i>12</i> inches above grade
						15. Well grouted? <i>yes</i> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <i>40</i> ft. to <i>14</i> ft.
						16. Nearest source of possible contamination ft. <i>50</i> Direction <i>NE</i> Type <i>septic tank</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <i>Sta-Rite</i> Model number <i>20P4002</i> <i>3/4</i> Volts <i>230</i> Length of drop pipe <i>35</i> ft. capacity <i>20</i> g.p.m. Type <input checked="" 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:		19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<i>Flat Ground</i>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <i>Sharp Well &amp; Pump 234</i> Business name <i>Wichita, KS</i> License No. <i>1-15-77</i> Address <i>Wichita, KS</i> Signed <i>M. Arnold</i> Date <i>1-15-77</i> Authorized representative		

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

Form WWC-5