

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 820-1201-1215

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>NE 1/4 NE 1/4 NW 1/4</b>	Section number <b>18</b>	Township number <b>26</b>	Range number <b>1E</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>1827 West 60th No. Valley Center, Ks.</b>				3. Owner of well: R. E. Muzzy Construction 736 Butler Valley Center, Kansas City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 				6. Bore hole dia. <u>11</u> in. Completion date _____ Well depth <u>45</u> ft. <u>3-16-79</u>		
5. Type and color of material				From	To	7. 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 Threaded <input type="checkbox"/> Welded <u>g1</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>45</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <u>.200</u>
						10. Screen: Manufacturer's name <u>Sunflower Plastic</u> Type <u>styrene</u> Dia. <u>5"</u> Slot/gauge <u>.06</u> Length <u>15'</u> Set between <u>30</u> ft. and <u>45</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/2-1/8"</u>
						11. Static water level: _____ mo./day/yr. <u>14</u> ft. below land surface Date <u>3-16-79</u>
(Use a second sheet if needed)						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.
						<input checked="" type="checkbox"/> Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
						14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade
						15. Well grouted? <u>yes</u> <u>1-2 fine sand</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: _____ Not installed Manufacturer's name <u>Jacuzzi</u> Model number <u>7S4C</u> HP <u>3/4</u> Volts <u>230</u> Length of drop pipe <u>30</u> ft. capacity <u>20</u> 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
						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 &amp; Pump</u> <u>236</u> Business name <u>Wichita, Kansas</u> License No. _____ Address _____ Signed <u>M. Arnold</u> Date <u>5-19-79</u> (Authorized representative)
18. Elevation:		19. Remarks: <b>Septic system not installed at this time. No apparent source for contamination.</b>				
Topography: <input type="checkbox"/> Hill <input checked="" 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