

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>SW SE SE SW</b> <del>1/4</del> <del>NE</del> <del>1/4</del>	Section number <b>7</b> <del>18</del>	Township number T <b>26</b> S R <b>1E</b> E/W	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city:		6130 Bella Road Valley Center, Kansas		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: 		6. Bore hole dia. <u>11</u> in. Completion date _____ Well depth <u>45</u> ft. <u>4-26-78</u>	
5. Type and color of material		From	To	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	
Sandy Topsoil		0	3	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	
Brown Clay		3	8	9. Casing: Material <u>styrene</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> 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 gage No. <u>.200</u>	
Fine Sand		8	25	10. Screen: Manufacturer's name _____ <u>Sunflower Plastic</u> Type <u>styrene</u> Dia. <u>5"</u> Slot <u>1/16</u> .06 Length <u>15'</u> Set between <u>30</u> ft. and <u>45</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>1/2-1/8"</u>	
Coarse Sand		25	43	11. Static water level: _____ mo./day/yr. <u>12</u> ft. below land surface Date <u>4-26-78</u>	
Blue Shale		43	45	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.	
(Use a second sheet if needed)				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
				14. Well head completion: <u>capped</u> <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/> yes <u>1-2 Fine Sand Mix</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>6</u> ft. to <u>16</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: <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	
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <b>Flat Ground</b>  <b>Septic System not installed at this time.</b> <b>No apparent source for contamination.</b>  <b>Well will be in the Basement</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. <u>Harp Well &amp; Pump</u> <u>236</u> Business name License No. Address <u>Wichita, Kansas</u> <u>67209</u> Signed <u>M. Arnold</u> Date <u>6-28-78</u> Authorized representative		

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1/4  
18  
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5