

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 Sedgwick | Fraction NW 1/4 SE 1/4 SE 1/4 | Section number 19 | Township number T 26 S R 1E E/W | Range number |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: 4707 Sullivan Wichita, Kansas | | | 3. Owner of well: Ray Woods R.R. or street: 4707 Sullivan City, state, zip code: Wichita, Kansas | | |
| 4. Locate with "X" in section below: <div style="text-align: center;"> </div> Sketch map: | | | 6. Bore hole dia. 11 in. Completion date 8-18-78 Well depth 45 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 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 Styrene Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 5 in. to 45 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. .200 | | |
| 5. Type and color of material | | | From | To | 10. Screen: Manufacturer's name Sunflower plastic |
| Sandy Topsoil | | | 0 | 3 | Type styrene Dia. 5" |
| Brown clay | | | 3 | 11 | Slot/gauze .06 Length 15' |
| Fine sand | | | 11 | 25 | Set between 30 ft. and 45 ft. |
| Coarse sand | | | 25 | 44 | Gravel pack? <input checked="" type="checkbox"/> yes Size range of material 1/2-1/8" |
| Blue shale | | | 44 | 45 | 11. Static water level: <input type="checkbox"/> mo./day/yr. 16 ft. below land surface Date 8-18-78 |
| | | | | | 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 type="checkbox"/> Pitless adapter 12 capped ____ inches above grade |
| | | | | | 15. Well grouted? <input checked="" type="checkbox"/> yes 1-2 finesand mix With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 40" ft. to 14 ft. |
| | | | | | 16. Nearest source of possible contamination: ft. 80 Direction West Type Septic tank Well disinfected upon completion? <input checked="" type="checkbox"/> X Yes <input type="checkbox"/> No |
| | | | | | 17. Pump: <input checked="" type="checkbox"/> X 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: Flat ground | | | | |
| 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. Harp Well & Pump 236 Business name License No. Address Wichita, Kansas 67209 Signed M. Arnold Date 10-4-78 Authorized representative | | | | | |

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

Form WWC-3