

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 Sedgwick | Fraction NW NW NE SE NE 1/4 NE 1/4 SE 1/4 | Section number 19 | Township number T 26 S | Range number R 1E E/W |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: | | | 3. Owner of well: R.R. or street: City, state, zip code: | | | |
| | | | 4949 Bison Wichita, Kansas Dean Frankenberg 1600 West 61st Street North Wichita, Kansas | | | |
| 4. Locate with "X" in section below: | | Sketch map: | | 6. Bore hole dia. <u>11</u> in. Completion date <u>7-14-77</u> Well depth <u>45</u> ft. | | |
| <div style="text-align: center;"> </div> | | | | 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 | | |
| 5. Type and color of material | | From | | To | | 9. Casing: Material <u>Styrene</u> Height: Above or below <u>Surface</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>10</u> lbs./ft. Dia. <u>5</u> in. to <u>45</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>45</u> ft. depth gage No. <u>200</u> |
| | | | | | | 10. Screen: Manufacturer's name <u>Sunflower Plastic</u> Type <u>Styrene</u> Dia. <u>5"</u> Slot/gauze <u>.06</u> Length <u>10'</u> Set between <u>35</u> ft. and <u>45</u> ft. Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8"</u> |
| Topsoil | | 0 | | 3 | | 11. Static water level: <u>15</u> ft. below land surface Date <u>7-14-77</u> mo./day/yr. |
| Fine Sand | | 3 | | 15 | | 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. |
| Medium Sand | | 15 | | 45 | | 13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____ |
| | | | | | | 14. Well head completion: <u>Capped</u> _____ Pitless adapter <u>12</u> inches above grade |
| | | | | | | 15. Well grouted? <u>yes</u> <u>to 2' fine sand mix</u> With: _____ Neat cement _____ 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: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other |
| | | | | | | 18. Elevation: |
| | | | | | | 19. Remarks: <u>Septic System was not installed when the Well was drilled.</u> <u>No apparent source for contamination.</u> <u>Well is to be in the basement.</u> |
| | | | | | | 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 & Pump</u> <u>236</u> Business name License No. Address <u>Wichita, Kansas</u> Signed <u>M. Arnold</u> Date <u>7-30-77</u> Authorized representative |

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

Form WWC-5