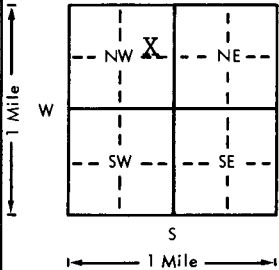


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 1/4 NE 1/4 NW 1/4 | Section number 29 | Township number T 26 S R 1E | Range number E/W | |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: | | 4401 No. Arkansas Wichita, Kansas | | 3. Owner of well: R.R. or street: City, state, zip code: Board of Education #259 428 So. Broadway Wichita, Kansas | | | |
| 4. Locate with "X" in section below: N W E S 1 Mile | | Sketch map:  | | 6. Bore hole dia. 11 in. Completion date _____ Well depth 45 ft. 5-25-78 | | | |
| 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 | | | |
| Topsoil | | 0 | 3 | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stack <input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other | | | |
| Fine Sand | | 3 | 15 | 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 _____ lbs./ft. Dia. 5 in. to 45 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Page No. .200 | | | |
| Medium Sand | | 15 | 45 | 10. Screen: Manufacturer's name Sunflower Plastic Type styrene Dia. 5" Slot/gap .06 Length 20' Set between 25 ft. and 45 ft. _____ ft. and _____ ft. Gravel pack yes Size range of material 1/4-1/8" | | | |
| | | | | 11. Static water level: _____ mo./day/yr. 20 ft. below land surface Date 5-25-78 | | | |
| | | | | 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: _____ mo./day/yr. Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____ | | | |
| | | | | 14. Well head completion: capped <input type="checkbox"/> Pitless adapter 12 Inches above grade | | | |
| | | | | 15. Well grouted? yes 2 Fine Sand Mix With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft. | | | |
| | | | | 16. Nearest source of possible contamination: ft. _____ Direction _____ Type NONE 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 | | | |
| | | (Use a second sheet if needed) | | | | | |
| 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 | | Flat Ground No apparent source for contamination. Well is to be used for lawn. | | 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 6-7-78 Authorized representative | | | |

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

Form WWC-5