

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
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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 NE 1/4 NW 1/4 SE 1/4	Section number 30	Township number T 26 S	Range number R 1E E/W
2. Distance and direction from nearest town or city: 1600 W. 40th St. No. Wichita, Kansas			3. Owner of well: Kan-Am Recreation R.R. or street: 1600 W. 40th St. No. City, state, zip code: Wichita, Kansas			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>11</u> in. Completion date _____ Well depth <u>40</u> ft. <u>5-14-79</u>	
					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	
					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"/> Stock <input checked="" 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>PVC</u> Weight: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>2.87</u> lbs./ft. Dia. <u>5</u> in. to <u>40</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>265</u>		
Sandy Topsoil		0	2	10. Screen: Manufacturer's name <u>PVC 200 P.S.I. NSF approved</u> Type <u>PVC 200PSI</u> Dia. <u>5"</u> Slot/size <u>.06</u> Length <u>10'</u> Set between <u>30</u> ft. and <u>40</u> ft. Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8"</u>		
Sandy Soil with Clay Streaks		2	11	11. Static water level: _____ mo./day/yr. <u>15</u> ft. below land surface Date <u>5-14-79</u>		
Fine Sand		11	23	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.		
Fine to Medium Sand		23	28	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____		
Medium to Coarse Sand and Gravel		28	40	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> Inches above grade		
				15. Well grouted? <u>yes</u> <u>1 to 2</u> fine sand mix 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>Septic</u> ft. <u>110</u> Direction <u>NW</u> Type <u>Tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Pioneer</u> Model number <u>A35</u> HP <u>1 1/2</u> Volts <u>230</u> Length of drop pipe <u>27</u> ft. capacity <u>25</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		
(Use a second sheet if needed)						
18. Elevation:	19. Remarks: <u>Flat Ground</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> <u>67209</u> Signed <u>M. Arnold</u> Date <u>5-14-79</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input 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