

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 <u>Sedgwick</u>		Fraction <u>NW 1/4 SE 1/4 SE 1/4</u>	Section number <u>31</u>	Township number <u>26</u>	Range number <u>1 E/W</u>
2. Distance and direction from nearest town or city: <u>3234 Cromwell</u>			3. Owner of well: <u>Charles Bayle</u>		
Street address of well location if in city: <u>Wichita, Kans.</u>			R.R. or street: <u>3234 Cromwell</u>		
			City, state, zip code: <u>Wichita, Kansas</u>		
4. Locate with "X" in section below:		Sketch map:			
		6. Bore hole dia. <u>40</u> in. Completion date <u>9-20-75</u> Well depth <u>40</u> 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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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 9. Casing: Material <u>stiprene</u> Length (Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <u>1250</u> Weight <u>10</u> lbs./ft. Dia. <u>5</u> in. to <u>40</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>40</u> ft. depth gage No. <u>200</u>			
5. Type and color of material		From	To		
<u>Sandy soil</u>		<u>0</u>	<u>2</u>	10. Screen: Manufacturer's name <u>Stiprene</u>	
<u>Line sand and clay</u>		<u>2</u>	<u>15</u>	Type <u>stiprene</u> Dia. <u>5</u> "	
<u>Medium sand</u>		<u>15</u>	<u>40</u>	Slot/gauge <u>1.250</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> "	
				11. Static water level: <u>21</u> ft. below land surface Date <u>9-20-75</u>	
				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 ____ No Date ____	
				14. Well head completion: <u>12</u> Corroded	
				____ Pitless adapter ____ Inches above grade	
				15. Well grouted? <u>yes</u>	
				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>NONE</u>	
				ft. ____ Direction ____ Type ____	
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes ____ 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:		19. Remarks:		20. Water well contractor's certification:	
Topography: <input checked="" type="checkbox"/> Hill		<u>no apparent source for</u>		This well was drilled under my jurisdiction and this report	
<input checked="" type="checkbox"/> Slope		<u>contamination.</u>		is true to the best of my knowledge and belief.	
<input type="checkbox"/> Upland		<u>For Lawn Use.</u>		<u>Harp Well Pump 236</u>	
<input type="checkbox"/> Valley				Business name <u>Wichita, Kans.</u> License No. ____	
				Address <u>Wichita, Kans.</u>	
				Signed <u>M. Arnold</u> Date <u>9-22-75</u>	
				Authorized representative	

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

Form WWC-5