

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 NE SE SW 1/4 SW 1/4 SW 1/4 | Section number 32 | 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: Jim Crow R.R. or street: 3127 No. Shelton City, state, zip code: Wichita, Ks. | | | | | | | |
| 4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td></tr><tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td></tr></table> E S 1 Mile</div> | | | NW | NE | SW | SE | Sketch map: | | | |
| NW | NE | | | | | | | | | |
| SW | SE | | | | | | | | | |
| 5. Type and color of material | | | From | To | 6. Bore hole dia. <u>11</u> in. Completion date _____ Well depth <u>42</u> ft. <u>3-29-79</u> | | | | | |
| Topsoil | | | 0 | 3 | 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 | | | | | |
| Clay | | | 3 | 6 | 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 | | | | | |
| Fine Sand | | | 6 | 33 | 9. Casing: Material <u>Styrene</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <u>81</u> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>42</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <u>200</u> | | | | | |
| Medium Sand | | | 33 | 42 | 10. Screen: Manufacturer's name _____ <u>Sunflower Plastic</u> Type <u>Styrene</u> Dia. <u>5"</u> Slot/gauge <u>1/4" .06</u> Length <u>15'</u> Set between <u>27</u> ft. and <u>42</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8"</u> | | | | | |
| | | | | | 11. Static water level: _____ mo./day/yr. <u>15</u> ft. below land surface Date <u>3-29-79</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. | | | | | |
| | | | | | <input checked="" type="checkbox"/> Water sample submitted: _____ mo./day/yr. Yes _____ No _____ Date _____ | | | | | |
| | | | | | 14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> capped _____ inches above grade | | | | | |
| | | | | | 15. Well grouted? <u>yes</u> <u>1-2</u> Fine Sand Mix <u>26</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>Septic</u> ft. <u>50</u> Direction <u>North</u> Type <u>Tank</u> 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 | | | | | |
| | | | (Use a second sheet if needed) | | | | | | | |
| 18. Elevation: | | 19. Remarks: Flat Ground | | | | | | | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | 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, Ks. Signed <u>M. Arnold</u> Date <u>3-5-79</u> Authorized representative | | | | | | | | |

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

Form WWC-5