

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 <b>SEDGWICK</b>	Fraction <b>1/4 NE 1/4 NE 1/4</b>	Section number <b>34</b>	Township number <b>T 26 S</b>	Range number <b>R 1E E/W</b>
2. Distance and direction from nearest town or city: <b>1/4 mile So. of 37th St. on Hillside, on W. side of Rd.</b>			3. Owner of well: <b>Leslie Rudd</b> P.O. Box 968 Wichita, Kansas		
4. Locate with "X" in section below: <div style="text-align: center;">N Sketch map: <b>Kechi, Kansas</b></div> <div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;"> </div> <div> <p>6. Bore hole dia. <b>11</b> in. Completion date _____</p> <p>Well depth <b>110</b> ft. <b>5-2-78</b></p> <p>7. Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug</p> <p><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary</p> <p>8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry</p> <p><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock</p> <p><input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other</p> <p>9. Casing: Material <b>styrene</b> Height: Above or below _____</p> <p>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in.</p> <p>RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft.</p> <p>Dia. <b>5</b> in. to <b>110</b> ft. depth Wall Thickness: inches or _____</p> <p>Dia. _____ in. to _____ ft. depth gage No. <b>200</b></p> </div> </div>					
5. Type and color of material			From	To	10. Screen: Manufacturer's name _____
Topsoil			0	3	Screen <b>Sunflower Plastic</b>
Brown Clay			3	14	Type <b>styrene</b> Dia. <b>5"</b>
Fine Sand			14	18	Slot/gage <b>.06</b> Length <b>75'</b>
Brown Clay			18	22	Set between <b>35</b> ft. and <b>110</b> ft.
Fine Sand			22	29	Gravel pack? <b>yes</b> Size range of material <b>1/4-1/8"</b>
Blue Shale (soft)			29	96	11. Static water level: _____ mo./day/yr.
Blue Shale Mixed with White Limestone			96	110	<b>20</b> ft. below land surface Date <b>5-2-78</b>
					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.
					<input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
					14. Well head completion: <b>capped</b>
					<input type="checkbox"/> Pitless adapter <b>12</b> inches above grade
					15. Well grouted? <b>yes 1-2 Fine Sand Mix</b>
					With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete
					Depth: From <b>40"</b> ft. to <b>14</b> ft.
					16. Nearest source of possible contamination: <b>septic</b>
					ft. <b>75</b> Direction <b>East</b> Type <b>tank</b>
					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
					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.
					<b>Harp Well &amp; Pump</b> <b>236</b>
					Business name _____ License No. <b>67209</b>
					Address <b>Wichita, Kansas</b>
					Signed <b>M. Arnold</b> Date <b>7-1-78</b>
					Authorized representative

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

Form WWC-5