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1 LOCATION OF WATER WELL  
 County: **SEDGWICK** Fraction: **NW 1/4 SE 1/4 SE 1/4** Section Number: **21** Township Number: **T 27 S** Range Number: **R 1 E/W**

Distance and direction from nearest town or city? **SE corner of Waterman and Pattie** Street address of well if located within city? **Wichita, Kansas 67202**

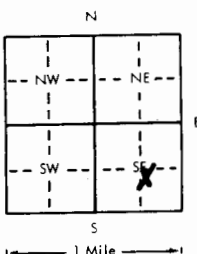
2 WATER WELL OWNER: **Kenneth Razak Engineering**  
 RR#, St. Address, Box #: **1305 East Waterman** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **Wichita, Kansas 67201** Application Number:

3 DEPTH OF COMPLETED WELL: **40** ft. Bore Hole Diameter: **11** in. to ft., and in. to ft.  
 Well Water to be used as:  
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well  
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 7 Lawn and garden only 10 Observation well  
 Well's static water level: **15** ft. below land surface measured on **3** month **26** day **1979** year  
 Pump Test Data: Well water was ft. after hours pumping. gpm  
 Est. Yield gpm: Well water was ft. after hours pumping gpm

4 TYPE OF BLANK CASING USED:  
 1 Steel 2 PVC 3 BMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) Casing Joints: Glued  Clamped Welded Threaded  
 Blank casing dia: **5** in. to **14** ft., Dia in. to ft., Dia in. to ft.  
 Casing height above land surface: **12** in., weight lbs./ft. Wall thickness or gauge No. **200**  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 BMP (SR) .06 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)  
 Screen or Perforation Openings Are:  
 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 11 None (open hole)  
 Screen-Perforation Dia: **5** in. to **40** ft., Dia in. to ft., Dia in. to ft.  
 Screen-Perforated Intervals: From **14** ft. to **40** ft., From ft. to ft., From ft. to ft.  
 Gravel Pack Intervals: From **14** ft. to **40** ft., From ft. to ft., From ft. to ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other  
 Grouted Intervals: From **40** ft. to **14** ft., From ft. to ft., From ft. to ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 2 Sewer lines 3 Lateral lines 4 Cess pool 5 Seepage pit 6 Pit privy 7 Sewage lagoon 8 Feed yard 9 Livestock pens 10 Fuel storage 11 Fertilizer storage 12 Insecticide storage 13 Watertight sewer lines 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) **None apparent**  
 Direction from well: How many feet? Water Well Disinfected? Yes  No  
 Was a chemical/bacteriological sample submitted to Department? Yes No  If yes, date sample was submitted month day year: Pump Installed? Yes  No  
 If Yes: Pump Manufacturer's name: **Sta-Rite** Model No. **40** Series **HP 2** Volts **230**  
 Depth of Pump Intake: **30** ft. Pumps Capacity rated at **35** gal./min.  
 Type of pump:  1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **3** month **26** day **1979** year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **236**  
 This Water Well Record was completed on **11** month **30** day **1979** year under the business name **Harp Well & Pump Service, Inc.** by (signature) **M. Arnold**

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  
  

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Topsoil			
3	12	Clay			
12	19	Fine Sand			
19	25	Medium Sand			
25	40	Gray Shale			

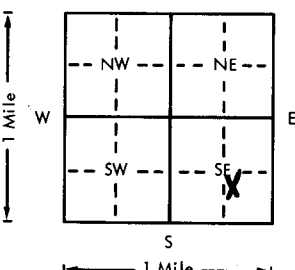
  
 ELEVATION:  
 Depth(s) Groundwater Encountered **1. 15** ft. **2.** ft. **3.** ft. **4.** ft. (Use a second sheet if needed)

INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

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 SE 1/4 SE 1/4</b>	Section number <b>21</b>	Township number <b>T 27 S</b>	Range number <b>R 1E E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>SE corner of Waterman and Pattie</b>			3. Owner of well: <b>Wichita Trane Air Conditioning Co.</b> R.R. or street: <b>220 South Washington</b> City, state, zip code: <b>Wichita, Kansas 67202</b>		
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>3-26-79</u>		
5. Type and color of material			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 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		
			9. Casing: Material <u>styrene</u> Height: Above or below _____ Threading: _____ Welded <u>gl</u> Surface <u>12</u> in. RMP <u>Xgl</u> PVC _____ Weight _____ 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>.200</u>		
			10. Screen: Manufacturer's name _____ <u>Sunflower Plastic</u> Type <u>styrene</u> Dia. <u>5"</u> Slot/gauge <u>.06</u> Length <u>26'</u> Set between <u>14</u> ft. and <u>40</u> ft. Gravel pack? <input checked="" type="checkbox"/> yes 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>3-26-79</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.					
13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____					
14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade					
15. Well grouted <input checked="" type="checkbox"/> yes <u>1-2 fine sand mix</u> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete _____ Depth: From <u>0</u> ft. to <u>10</u> ft.					
16. Nearest source of possible contamination: _____ NONE ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
17. Pump: _____ Nat installed Manufacturer's name <u>Sta-Rite</u> Model number <u>40 Series 2</u> Volts <u>230</u> Length of drop pipe <u>30</u> ft. capacity <u>35</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other					
(Use a second sheet if needed)					
18. Elevation:  Topography: ____ Hill ____ Slope ____ Upland ____ Valley	19. Remarks: <b>Flat Ground</b>  <b>Septic system not installed at this time.</b> <b>No apparent source for contamination.</b>		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> <u>236</u> Business name <u>Wichita, Kansas</u> License No. _____ Address _____ Signed <u>M Arnold</u> Date <u>11-30-79</u> Authorized representative		

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

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