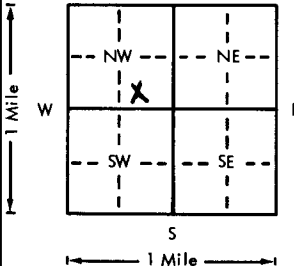


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 <u>Sedgwick</u>	Fraction <u>1/4 SE 1/4 NW 1/4</u>	Section number <u>2</u>	Township number T <u>27</u> S	Range number R <u>1</u> E W
2. Distance and direction from nearest town or city: Street address of well location if in city:		3. Owner of well: <u>Raleigh Black</u> R.R. or street: <u>2846 North Gentry</u> City, state, zip code: <u>Wichita, Kansas</u>				
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 				
5. Type and color of material		From	To	6. Bore hole dia. _____ in. Completion date _____ Well depth <u>65</u> ft. <u>10-16-76</u>		
<u>Tessie</u>		<u>0</u>	<u>1</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		
<u>Clay</u>		<u>1</u>	<u>8</u>	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		
<u>Sandy clay</u>		<u>8</u>	<u>15</u>	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 <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>65</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u>		
<u>Fine sand</u>		<u>15</u>	<u>19</u>	10. Screen: Manufacturer's name <u>Sunflower Plastic</u> Type <u>Styrene</u> Dia. <u>5"</u> Slot gauze <u>.06</u> Length <u>30 ft</u> Set between <u>35</u> ft. and <u>65</u> ft. Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8"</u>		
<u>Blue shale</u>		<u>19</u>	<u>65</u>	11. Static water level: _____ mo./day/yr. <u>26</u> ft. below land surface Date <u>10-16-76</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. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____		
				14. Well head completion: <u>12 capped</u> <input type="checkbox"/> Pitless adapter _____ inches above grade		
				15. Well grouted <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input 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 <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		
18. Elevation:		(Use a second sheet if needed)		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 236</u> Business name _____ License No. _____ Address <u>Wichita Kansas</u> Signed <u>M. Arnold</u> Date <u>11-30-76</u> Authorized representative		
19. Remarks: <u>Flat Ground</u> <u>no apparent source for</u> <u>contamination.</u> <u>Septic not installed when</u> <u>the well was drilled.</u>						

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

Form WWC-5