

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: <u>Sedgwick</u>		Fraction <u>SE NE NW NE</u> <u>1/4 1/4 1/4 1/4</u>		Section number <u>9</u>	Township number T <u>27S</u> S R <u>1</u> E/W	Range number <u>1</u>
2. Distance and direction from nearest town or city <u>1346 East 20th No. Wichita, Kans.</u>				3. Owner of well: <u>Frank Leasure</u> R.R. or street: <u>2810 River Park Drive</u> City, state, zip code: <u>Wichita, Kansas</u>		
4. Locate with "X" in section below: N W E S 1 Mile				Sketch map: 6. Bore hole dia. <u>4 1/2</u> in. Completion date Well depth <u>47</u> ft. <u>6-1-76</u> 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 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>STYRENE</u> Height: <u>60</u> in. above or below Threaded <input type="checkbox"/> Welded <u>GL</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>12</u> lbs./ft. Dia. <u>5</u> in. to <u>47</u> ft. depth Wall thickness: inches or Dia. <u>5</u> in. to <u>47</u> ft. depth gage No. <u>1200</u>		
5. Type and color of material				From	To	10. Screen: Manufacturer's name <u>SUNFLOWER PLASTIC</u> Type <u>STYRENE</u> Dia. <u>5"</u> Slot gauge <u>1.06</u> Length <u>20 ft</u> Set between <u>27</u> ft. and <u>47</u> ft. Gravel pack? <u>YES</u> Size range of material <u>1/4-1/8"</u>
<u>Sandy Topsoil</u>				<u>0</u>	<u>2</u>	11. Static water level: <u>15</u> ft. below land surface Date <u>6-1-76</u> mo./day/yr.
<u>Clay</u>				<u>2</u>	<u>12</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.
<u>Medium Sand</u>				<u>12</u>	<u>47</u>	13. Water sample submitted: ____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date ____
						14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> 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 1/2</u> to <u>14</u> ft.
						16. Nearest source of possible contamination: ft. <u>50</u> Direction <u>N.</u> Type <u>City</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						17. Pump: Manufacturer's name <u>Sta-Rite</u> Not installed Model number <u>20P4D02S</u> <u>3/4</u> Volts <u>230</u> Length of drop pipe <u>35</u> ft. capacity <u>20</u> g.p.m. Type: <input checked="" 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)						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 <u>WICHITA, KANSAS</u> License No. ____ Address <u>Wichita, Kansas</u> Signed <u>M. Arnold</u> Date <u>9-3-76</u> Authorized representative
18. Elevation:		19. Remarks: <u>Flat Ground</u>				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5