

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 SW 1/4 SE 1/4</b>	Section number <b>10</b>	Township number <b>T 27 S</b>	Range number <b>R 2E E/W</b>
2. Distance and direction from nearest town or city: <b>12122 East 13th</b> Street address of well location if in city: <b>Wichita, Kansas</b>				3. Owner of well: <b>Lakeview Gardens</b> R.R. or street: <b>12122 East 13th</b> City, state, zip code: <b>Wichita, Kansas</b>		
4. Locate with "X" in section below: <div style="display: flex; align-items: center;"><div style="text-align: center;"><p>1 Mile</p><p>W</p><p>1 Mile</p><p>S</p></div><div style="text-align: center;"><p>N</p><p>Well #2</p><p>E</p></div></div>				6. Bore hole dia. <b>11</b> in. Completion date Well depth <b>80</b> ft. <b>5-15-77</b>		
5. Type and color of material				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		
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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 <b>Styrene</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>5</b> in. to <b>80</b> ft. depth Wall thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>200</b>		
				10. Screen Manufacturer's name <b>Sunflower Plastic</b> Type <b>Styrene</b> Dia. <b>5"</b> Slot/size <b>.06</b> Length <b>40'</b> Set between <b>40</b> ft. and <b>80</b> ft. Gravel pack? <b>yes</b> Size range of material <b>1-1/8"</b>		
				11. Static water level: <b>40</b> ft. below land surface Date <b>5-15-77</b> mo./day/yr.		
				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: <input checked="" type="checkbox"/> Pitless adapter <b>12</b> inches above grade		
				15. Well grouted <b>yes</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>NONE</b> ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Sta-Rite</b> Model number <b>40P4G02</b> HP <b>2</b> Volts <b>230</b> Length of drop pipe <b>63</b> ft. capacity <b>40</b> 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)						
18. Elevation:		19. Remarks: <b>Well to be used for sprinkler system.</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 236</b> Business name <b>Wichita, Kansas</b> License No. ____ Address ____ Signed <b>M. Arnold</b> Date <b>5-26-77</b> Authorized representative		
Topography: <input checked="" 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