

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:		County Butler	Fraction NW 1/4 NW 1/4	Section number 29	Township number T 28 S R 3E E/W	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city:		1 1/4 E. of 143rd E. on 55th S., then 1/4 S. in the field.		3. Owner of well: R.R. or street: City, state, zip code: George Clark 357 Lulu Wichita, Kansas		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: Wichita, Kansas		6. Bore hole dia. 11 in. Completion date _____ Well depth 85 ft. 7-19-78		
5. Type and color of material		From		To		
		Topsoil		0 3		
		Clay		3 14		
		Brown Shale		14 34		
Gray Shale		34 85		7. ☒ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary		
				8. Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☐ Lawn ☐ Oil field water ☐ Other		
				9. Casing: Material Styrene Height: Above or below _____ Threaded _____ Welded g1 Surface 12 in. RMP ☒ PVC _____ Weight _____ lbs./ft. Dia. 5 in. to 85 ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth Gauge No. 200		
				10. Screen: Manufacturer's name Sunflower Plastic Type styrene Dia. 5" Slot/gauge .06 Length 60" Set between 25 ft. and 85 ft. Gravel pack? yes Size range of material 1/2-1/8"		
				11. Static water level: _____ mo./day/yr. 20 ft. below land surface Date 7-19-78		
				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 ☐ No Date _____		
				14. Well head completion: capped ☐ Pitless adapter 12 Inches above grade		
				15. Well grouted? yes 1-2 Fine Sand Mix With: ☐ Neat cement ☐ Bentonite ☒ Concrete Depth: From 40" ft. to 14 ft.		
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type NONE Well disinfected upon completion? ☒ Yes ☐ No		
				17. Pump: ☒ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: ☐ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other		
		(Use a second sheet if needed)				
18. Elevation:	19. Remarks: Flat Ground Septic system not installed at this time. No apparent source for contamination.		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. Harp Well & Pump 236 Business name License No. Address Wichita, Kansas 67209 Signed W. Arnsfeldt Date 8-1-78 Authorized representative			

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

Form WWC-5