

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: Sedgwick		Fraction 1/4 NW 1/4 NW 1/4		Section number 8		Township number T 29 S		Range number R 1 E	
2. Distance and direction from nearest town or city: 935 West 81st St. So					3. Owner of well: Dale Warren				
Street address of well location if in city: Wichita, Kansas					R.R. or street: 935 West 81st Street South City, state, zip code: Wichita, Kansas				
4. Locate with "X" in section below: 					Sketch map:				
5. Type and color of material					From		To		6. Bore hole dia. 11 in. Completion date 9-8-76 Well depth 36 ft.
Topsoil					0		2		7. ☒ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary
Clay					2		18		
Medium Sand					18		32		8. Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☐ Lawn ☐ Oil field water ☐ Other
Shale					32		36		
									9. Casing: Material styrene Height: Above or below Threaded ☐ Welded ☒ Surface 12 in. RMP ☒ PVC ☐ Weight _____ lbs./ft. Dia. 5 in. to 36 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 8' Set between 28 ft. and 36 ft. _____ ft. and _____ ft. Gravel pack? ☒ Size range of material 1-1/8"
									11. Static water level: _____ mo./day/yr. 17 ft. below land surface Date 9-8-86
									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 With: ☐ Neat cement ☐ Bentonite ☒ Concrete Depth: From 40" ft. to 14 ft.
									16. Nearest source of possible contamination: Septic ft. 70 Direction SE Type Tank 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
18. Elevation:					19. Remarks:				
Topography: ☐ Hill ☐ Slope ☐ Upland ☐ Valley					Flat Ground				
					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 Wall & Pump 236 Business name License No. Address Wichita, Kansas Signed W. Arnold Date 9-17-76 Authorized representative				

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

Form WWC-5