

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

County Sumner						Fraction 1/4 NE 1/4 SE 1/4						Section number 5						Township number T 30 S						Range number R 1E E/W																													
2. Distance and direction from nearest town or city: Lot 34 Estate Lane, 3/4 South of 119th Street address of well location if in city: and 1/8 mile West of Broadway.																		3. Owner of well: Netco R.R. or street: 3374 Oak City, state, zip code: Wichita, Kansas																																			
4. Locate with "X" in section below: <div style="text-align: center;">N S 1 Mile</div>																		Sketch map: Peck, Kansas																		6. Bore hole dia. <u>11</u> in. Completion date _____ Well depth <u>45</u> ft. <u>9-9-78</u>																	
																		7. Cable tool <input checked="" type="checkbox"/> Rotary _____ Driven _____ Dug _____ Hollow rod _____ Jetted _____ Bored _____ Reverse rotary _____																																			
																		8. Use: <input checked="" type="checkbox"/> Domestic _____ Public supply _____ Industry _____ Irrigation _____ Air conditioning _____ Stock _____ Lawn _____ Oil field water _____ Other _____																																			
																		9. Casing: Material <u>styrene</u> Height: Above or below _____ Threaded _____ Welded <u>gl</u> Surface _____ 12 in. _____ RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. _____ Dia. <u>5</u> in. to <u>45</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth Gauge No. <u>200</u>																																			
5. Type and color of material																		From				To				10. Screen: Manufacturer's name _____ Sunflower plastic Type <u>styrene</u> Dia. <u>5"</u> Slot/gauge <u>.06</u> Length <u>10'</u> Set between <u>35</u> ft. and <u>45</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8"</u>																											
Topsoil																		0				3				11. Static water level: _____ mo./day/yr. <u>15</u> ft. below land surface Date <u>9-9-78</u>																											
Clay																		3				12				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.																											
Fine sand and clay																		12				30				13. Water sample submitted: _____ mo./day/yr. Yes _____ No _____ Date _____																											
Medium sand																		30				45				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> Inches above grade																											
																										15. Well grouted? <u>yes</u> <u>1-2 fine sand mix</u> With: Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete _____ Depth: From <u>40"</u> ft. to <u>14</u> ft.																											
																										16. Nearest source of possible contamination: ft. _____ Direction _____ Type <u>None</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____																											
																										17. Pump: _____ Not installed Manufacturer's name <u>Sta-rite</u> Model number <u>20 Series</u> HP <u>3</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 _____ Turbine _____ ____ Jet _____ Reciprocating _____ ____ Centrifugal _____ Other _____																											
(Use a second sheet if needed)																																																					
18. Elevation:																		19. Remarks: 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 Well & Pump <u>236</u> Business name _____ License No. _____ Address <u>Wichita, Kansas</u> <u>67209</u> Signed <u>M. Arnold</u> Date _____ Authorized representative <u>10-4-78</u>																	

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

Form WWC-5

MI-1023