

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>Sumner</b>	Fraction <b>1/4 SE 1/4 NE 1/4</b>	Section number <b>8</b>	Township number <b>T 30 S R 1E</b>	Range number <b>1E E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>1 1/2 miles South of 119th Street on the West side of Broadway. Peck, Kansas</b>			3. Owner of well: <b>Hybrow Building Inc.</b> R.R. or street: <b>P.O. Box 117</b> City, state, zip code: <b>Mulvane, Kansas</b>		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <u>11</u> in. Completion date _____ Well depth <u>53</u> ft. <u>8-4-78</u>
Topsoil			0	3	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
Clay			3	15	8. Use: <input checked="" 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 type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
Fine sand			15	30	9. Casing: Material <u>Styrene</u> Height: Above or below Threaded <input type="checkbox"/> Welded <u>g1</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>53</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gauge No. <u>.200</u>
Medium sand			30	35	10. Screen: Manufacturer's name <u>Sunflower plastic</u> Type <u>styrene</u> Dia. <u>5"</u> Slot/gauge <u>.06</u> Length <u>13'</u> Set between <u>40</u> ft. and <u>53</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8"</u>
Clay			35	38	11. Static water level: _____ mo./day/yr. <u>17</u> ft. below land surface Date <u>8-4-78</u>
Medium sand			38	53	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 type="checkbox"/> Pitless adapter <u>12</u> Inches above grade
					15. Well grouted? <u>yes 1-2 fine sand mix</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> 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 <input type="checkbox"/> No
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input 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:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <b>Flat ground Septic system not installed at this time. 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 _____ License No. _____ Address <b>Wichita, Kansas 67209</b> Signed <u>M. Arnold</u> Date <u>10-3-78</u> Authorized representative		

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

Form WWC-5