

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 Sumner	Fraction SE 1/4 SW 1/4 NW 1/4	Section number 19	Township number T 30 S R 1E E/W	Range number 1E E/W
2. Distance and direction from nearest town or city: 4 miles South 119th South, 2 miles West, North Street address of well location if in city: around curve to Yellow House, or 2 miles North				3. Owner of well: Jack Rosson Route or street: Route #1 City, state, zip code: Peck, Kansas 67120		
4. Locate with "X" in section below:		Sketch map: and 1 mile East of Nine Mile Corner. Peck, Kansas			6. Bore hole dia. <u>11</u> in. Completion date _____ Well depth <u>45</u> ft. <u>12-15-78</u>	
		7. <input checked="" 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 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 <u>Styrene</u> Height: Above or below _____ Threaded _____ Welded <u>gl</u> Surface <u>12</u> 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 Gage No. <u>200</u>			10. Screen: Manufacturer's name _____ <u>Sunflower plastic</u> Type <u>styrene</u> Dia. <u>5"</u> Slot/gauze <u>.06</u> Length <u>15'</u> Set between <u>30</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>	
5. Type and color of material				From	To	11. Static water level: _____ mo./day/yr. <u>20</u> ft. below land surface Date <u>12-15-78</u>
Topsoil				0	3	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				3	25	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
Clay				25	28	14. Well head completion: _____ capped <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade
Medium sand				28	45	15. Well grouted? <u>yes</u> <u>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
						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. <u>Harp Well & Pump</u> 236 Business name License No. Address <u>Wichita, Kansas</u> 67209 Signed <u>M. Arnold</u> Date <u>1-5-79</u> Authorized representative
18. Elevation:		19. Remarks: Flat ground Septic system not installed at this time				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 30 S R 1E E/W
 Sec 19
 SE SW NW
 1/4 1/4 1/4

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

Form WWC-5