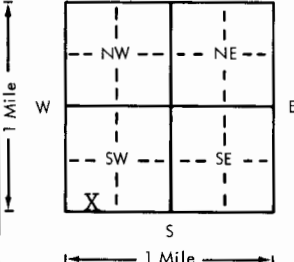


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 1/4 SW 1/4 SW 1/4 | Section number 32 | Township number T 30 S | Range number R 2 E E/W |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: | | | 3. Owner of well: R.R. or street: City, state, zip code: | | |
| 2 1/4 miles E. of Belle Plaine on the No. side of Sketch map: Hyway 55. Belle Plaine, Kansas  | | | 6. Bore hole dia. <u>11</u> in. Completion date _____ Well depth <u>45</u> ft. <u>5-24-78</u> 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 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 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>45</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage 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 <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>5-24-78</u> |
| Fine Sand | | | 3 | 30 | 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. |
| Medium Sand | | | 30 | 45 | 13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ |
| | | | | | 14. Well head completion: <u>capped</u> <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: <u>septic tank</u> ft. <u>70</u> Direction <u>N.E.</u> Type <u>_____</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: | 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. <u>Harp Well & Pump</u> <u>236</u> Business name License No. Address <u>Wichita, Kansas</u> <u>67209</u> Signed <u>M. Arnold</u> Date <u>6-17-78</u> Authorized representative | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | |

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

Form WWC-5