

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>Cowley</b>	Fraction <b>1/4 SW 1/4 SW 1/4</b>	Section number <b>17</b>	Township number <b>T 31 S R 30</b>	Range number <b>EW</b>
2. Distance and direction from nearest town or city: <b>3 miles south, and 1 mile west of Udall</b> Street address of well location if in city: <b>Wichita, Kansas</b>			3. Owner of well: <b>Kenneth Grant</b> R.R. or street: <b>RR#3</b> City, state, zip code: <b>Udall, Kansas</b>		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <b>11</b> in. Completion date _____ Well depth <b>43</b> ft. <b>6-3-77</b>
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	25	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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
Fine Sand			25	37	9. Casing: Material <b>Styrene</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>43</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>200</b>
Shale			37	43	10. Screen: Manufacturer's name _____ <b>Sunflower Plastic</b> Type <b>Styrene</b> Dia. <b>5"</b> Slot/blade <b>.06</b> Length <b>10'</b> Set between <b>33</b> ft. and <b>43</b> ft. _____ ft. and _____ ft. Gravel pack? <b>yes</b> Size range of material <b>1/2-1/8"</b>
					11. Static water level: _____ mo./day/yr. <b>21</b> ft. below land surface Date <b>6-3-77</b>
					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: <b>Capped</b> <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade
					15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>14"</b> ft. to <b>14</b> ft.
					16. Nearest source of possible contamination: <b>NONE</b> ft. _____ Direction _____ Type _____ 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 checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <b>Septic System was not installed when the Well was drilled.</b>  <b>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</b> <b>236</b> Business name License No. Address <b>Wichita, Kansas</b> Signed <b>M. Arnold</b> Date <b>7-9-77</b> Authorized representative

T 31 R 30 S 17 Sec 30 SW SW

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

Form WWC-5