

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 Harvey		Fraction 1/4 NW 1/4 NW 1/4	Section number 2	Township number T 24 S	Range number R 2W E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: 12 Cedar Court Halstead, Kansas			3. Owner of well: Paul Fabrick R.R. or street: 12 Cedar Court City, state, zip code: Halstead, Kansas		
4. Locate with "X" in section below:			Sketch map:		
5. Type and color of material			From	To	
Topsoil			0	3	
Clay			3	25	
Fine to medium sand			25	45	
6. Bore hole dia. 11 in. Completion date _____ Well depth 45 ft. 10-26-78					
7. 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 Styrene Height: Above or below _____ Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 45 ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth Gauge No. .200					
10. Screen: Manufacturer's name Sunflower plastic Type styrene Dia. 5" Slot/gauge .06 Length 20' Set between 25 ft. and 45 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4-1/8"					
11. Static water level: _____ mo./day/yr. 25 ft. below land surface Date 10-26-78					
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. Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____					
14. Well head completion: _____ capped Pitless adapter 12 inches above grade					
15. Well grouted? <input checked="" type="checkbox"/> yes 1-2 fine sand mix With: Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Depth: From 40" ft. to 14 ft.					
16. Nearest source of possible contamination: City _____ ft. 30 Direction SW Type Sewer 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: Flat Ground Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: Pump to be installed at later date.			
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 236 Business name License No. Address Wichita, Kansas 67209 Signature M. Arredondo Date 6-19-79 Authorized representative					

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

Form WWC-5

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