

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
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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 SEDGWICK	Fraction SW 1/4 SW SE 1/4	Section number 31	Township number T 26 S R 14 W E/W	Range number
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:			
10720 W, 29th N. Wichita, Ks.			Dean Bell 10720 W, 29th N. Wichita, Ks.			
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 6. Bore hole dia. 11 in. Completion date _____ Well depth 60 ft. 4-14-79 7. ☒ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary 8. Use: ☐ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☒ Lawn ☐ Oil field water ☐ Other 9. Casing: Material Styrene Height: Above or below _____ Threaded ☐ Welded ☒ Surface 12 in. RMP ☒ PVC ☐ Weight _____ lbs./ft. Dia. 5 in. to 50 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. .200			
5. Type and color of material			From	To	10. Screen: Manufacturer's name Sunflower Plastic Type Styrene Dia. 5" Slot 1/4" 06 Length 15' Set between _____ ft. and _____ ft. Gravel pack? ☒ Size range of material 1/8-1/8"	
Topsoil			0	3	11. Static water level: _____ mo./day/yr. 15 ft. below land surface Date 4-14-79	
Clay			3	12	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			12	35	☒ Water sample submitted: _____ mo./day/yr. ☐ Yes ☐ No Date _____	
Medium Sand			35	39	14. Well head completion: capped _____ Pitless adapter 12 inches above grade	
Clay			39	43	15. Well grouted? yes 1-2 Fine Sand Mix With: _____ Neat cement _____ Bentonite ☒ Concrete Depth: From 40' ft. to 14' ft.	
Medium Sand			43	60	16. Nearest source of possible contamination: ft. 60 Direction East Type Lagoon Well disinfected upon completion? ☒ Yes ☐ No	
(Use a second sheet if needed)					17. Pump: ☒ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: ☐ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other	
18. Elevation:		19. Remarks:		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, Ks. Signed M. Arnold Date 4-12-79 Authorized representative		
Topography: ☐ Hill ☐ Slope ☐ Upland ☐ Valley		Flat Ground				

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

Form WWC-5