

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 Sedgwick	Fraction NE 1/4 NE 1/4 NE 1/4	Section number 1	Township number T 26 S	Range number R 1W E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: A. E. Difford 7733 North Meridian Valley Center, Kansas City, state, zip code:			
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: Valley Center, Kansas			
5. Type and color of material			From	To	6. Bore hole dia. 11 in. Completion date _____ Well depth 46 ft. 11-17-76	
Sandy Topsoil			0	2	7. ☒ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary	
Fine Sand			2	15	8. Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☐ Lawn ☐ Oil field water ☐ Other	
Medium Sand			15	46	9. Casing: Material styrene Height: Above or below _____ Threaded _____ Welded 1 Surface 12 in. RMP ☒ PVC _____ Weight _____ lbs./ft. Dia. 5 in. to 46 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/grate .06 Length 10 ' Set between 36 ft. and 46 ft. ft. and _____ ft. Gravel pack? yes Size range of material 1/8"	
					11. Static water level: _____ ma./day/yr. 15 ft. below land surface Date 11-17-76	
					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: _____ ma./day/yr. Yes _____ No _____ Date _____	
					14. Well head completion: _____ Pitless adapter 12 inches above grade	
					15. Well grouted? yes With: _____ Neat cement _____ Bentonite ☒ Concrete Depth: From 40 " ft. to 14 ft.	
					16. Nearest source of possible contamination: Septic ft. 50 Direction SW Type Tank Well disinfected upon completion? ☒ Yes _____ No _____	
					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	
			(Use a second sheet if needed)			
18. Elevation:		19. Remarks: Flat Ground				
Topography: _____ Hill _____ Slope _____ Upland _____ Valley		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 Signed M. Arnold Date 11-14-77 Authorized representative				

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

Form WWC-5