

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 1/4 NE 1/4 SW 1/4	Section number 12	Township number T 26 S R 1	Range number 1
2. Distance and direction from nearest town or city: Street address of well location if in city: 6414 North Sheridan Wichita, Kansas			3. Owner of well: J. A. Wilson R. or street: 6414 North Sheridan City, state, zip code: Wichita, Kansas		
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 			6. Bore hole dia. 11 in. Completion date 1-4-77 Well depth 50 ft.		
			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 gl Surface 12 in. RMP ☒ PVC ☐ Weight ☐ lbs./ft. Dia. 5 in. to 50 ft. depth Wall Thickness: inches or 200 Dia. ☐ in. to ☐ ft. depth gage No. 200		
5. Type and color of material			From	To	10. Screen: Manufacturer's name Sunflower Plastic
Topsoil			0	2	Type styrene Dia. 5"
Dark Brown Clay			2	14	Slot/gauge /// .06 Length 20'
Fine Sand			14	25	Set between 30 ft. and 50 ft.
Medium Sand			25	50	Gravel pack? yes Size range of material 1-1/8"
					11. Static water level: 18 ft. below land surface Date 1-4-77
					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 ____ No ____ Date ____
					14. Well head completion: 12 capped ____ Pitless adapter ____ 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 Tank ft. 100 Direction North 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		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 Wichita, Kansas License No. ____ Address ____ Signed M. Arnold Date 2-2-77 Authorized representative		

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

Form WWC-5