

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Sedgwick	Township name Park	Fraction NE 1/4 NE 1/4	Section number 13	Town number 26S	Range number 1W															
Distance and direction from nearest town or city: 6160 North Richmond Wichita, Kansas			3 Owner of well: Charles Mullin 2620 West 69th Street North Valley Center, Kansas																		
Locate with "X" in section below: <div style="text-align:center;">N <table border="1" style="margin:auto; border-collapse: collapse;"><tr><td style="width:10px; height:10px;"></td><td style="width:10px; height:10px;"></td><td style="width:10px; height:10px;"></td><td style="width:10px; height:10px; text-align:center;">X</td></tr><tr><td style="border:none;">W</td><td style="width:10px; height:10px;"></td><td style="width:10px; height:10px;"></td><td style="width:10px; height:10px;"></td></tr><tr><td style="border:none;"></td><td style="width:10px; height:10px;"></td><td style="width:10px; height:10px;"></td><td style="width:10px; height:10px;"></td></tr><tr><td style="border:none;"></td><td style="width:10px; height:10px;"></td><td style="width:10px; height:10px;"></td><td style="width:10px; height:10px;"></td></tr></table><div style="text-align:center;">S 1 Mile</div></div>					X	W												Sketch map:		4 Well depth: 56 ft. Date of completion 12-3-74 Well diameter 11 in.	
			X																		
W																					
2 Type and color of material		From	To	5 <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																	
Sandy Soil		0	10	6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>																	
Fine sand		10	20	7 Casing: Material PVC Height: above/below 12 in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> Diam. 5 in. to 56 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No 5 in. to 56 ft. depth																	
Medium sand		20	30	8 Screen: Ralph Jones Jet Stream Manufacture PVC Dia. 5 " Type PVC Slot/gauze .050 Length 10 " Set between 46 ft. and 56 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/8 "																	
coarse sand and fine gravel		30	56	9 Static water level: 20 ft. below land surface Date 12-3-74																	
				10 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.																	
				11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date ____																	
				12 Well head completion: capped <input type="checkbox"/> Pitless adapter 12 <input checked="" type="checkbox"/> inches above grade																	
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 0 ft. to 12 ft.																	
				14 Nearest source of possible contamination: NONE ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																	
				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ HP ____ Volts ____ Model number ____ 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																	
16 Remarks: elevation To be future home site, open field No apparent source of contamination near.		(use a second sheet if needed)		17 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 Serv. 236 Business name Wichita, Kansas License No. ____ Address Wichita, Kansas Signed Mary Arnold Date 12-3-74 Authorized representative																	

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5