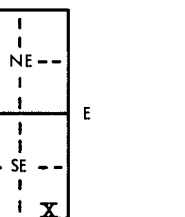


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

County Sedgwick	Fraction 1/4 SE 1/4 SE 1/4	Section number 15	Township number T 27	Range number S R 1W	E/W E/W
1. Location of well: 740 Gilda Wichita, Kansas			3. Owner of well: William E. Porter R.R. or street: 645 North McLean City, state, zip code: Wichita, Kansas		
4. Locate with "X" in section below: 			Sketch map:		
5. Type and color of material			6. Bore hole dia. <u>11</u> in. Completion date _____ Well depth <u>40</u> ft. <u>5-13-77</u>		
			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 <u>Styrene</u> Height: Above or <u>below</u> Threaded ☐ Welded <u>gl</u> Surface <u>12</u> in. RMP ☒ PVC ☐ Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>40</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <u>200</u>		
			10. Screen: Manufacturer's name <u>Sunflower Plastic</u> Type <u>Styrene</u> Dia. <u>5"</u> Slot gauge <u>.06</u> Length <u>10'</u> Set between <u>30</u> ft. and <u>40</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1-1/8"</u>		
			11. Static water level: _____ mo./day/yr. <u>15</u> ft. below land surface Date <u>5-13-77</u>		
			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: <u>Capped</u> ☐ Pitless adapter <u>12</u> inches above grade		
			15. Well grouted? <u>Yes</u> With: ☐ Neat cement ☐ Bentonite ☒ Concrete Depth: From <u>40"</u> ft. to <u>14</u> ft.		
			16. Nearest source of possible contamination: <u>City</u> ft. <u>50</u> Direction <u>West</u> Type <u>Sewer</u> 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:			
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 <u>Wichita, Kansas</u> Signed <u>M. Arnold</u> Date <u>5-26-77</u> Authorized representative			

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

Form WWC-5