

USE TYPEWRITER OR BALL  
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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<br><b>Sedgwick</b>                                                              | Fraction <b>SE NW NW SW</b><br>1/4 <del>SW</del> 1/4 <del>NW</del> 1/4                                                          | Section number<br><b>16</b>                                                                                                                                                                                                                                                                       | Township number<br>T <b>27</b> S R                                                                                                                                                                                                                                                                                                                                                                                         | Range number<br><b>1W</b> E/W |
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city:                                                             |  |                                                                                        | 3. Owner of well: <b>Bill Morris</b><br>R.R. or street: <b>8600 Birch Lane</b><br>City, state, zip code: <b>Wichita, Kansas</b> |                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |
| 4. Locate with "X" in section below:                                                                                                                            |  |                                                                                        | Sketch map:                                                                                                                     |                                                                                                                                                                                                                                                                                                   | 6. Bore hole dia. <u>11</u> in. Completion date _____<br>Well depth <u>60</u> ft. <u>9-23-77</u>                                                                                                                                                                                                                                                                                                                           |                               |
|                                                                                                                                                                 |  |                                                                                        |                                                                                                                                 |                                                                                                                                                                                                                                                                                                   | 7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary                                                                                                                               |                               |
| 5. Type and color of material                                                                                                                                   |  |                                                                                        | From                                                                                                                            | To                                                                                                                                                                                                                                                                                                | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other                                                                     |                               |
| Topsoil                                                                                                                                                         |  |                                                                                        | 0                                                                                                                               | 3                                                                                                                                                                                                                                                                                                 | 9. Casing: Material <u>styrene</u> Height: Above or below _____<br>Threaded _____ Welded <u>gl</u> Surface <u>12</u> in.<br>RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft.<br>Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches or _____<br>Dia. _____ in. to _____ ft. depth gage No. <u>200</u>                                                                                   |                               |
| Clay                                                                                                                                                            |  |                                                                                        | 3                                                                                                                               | 30                                                                                                                                                                                                                                                                                                | 10. Screen: Manufacturer's name _____<br><u>Sunflower Plastic</u><br>Type <u>styrene</u> Dia. <u>5"</u><br>Slot/size <u>.06</u> Length <u>15'</u><br>Set between <u>45</u> ft. and <u>60</u> ft.<br>_____ ft. and _____ ft.<br>Gravel pack <u>yes</u> Size range of material <u>1/4-1/8"</u>                                                                                                                               |                               |
| Fine Sand                                                                                                                                                       |  |                                                                                        | 30                                                                                                                              | 40                                                                                                                                                                                                                                                                                                | 11. Static water level: _____ mo./day/yr.<br><u>20</u> ft. below land surface Date <u>9-23-77</u>                                                                                                                                                                                                                                                                                                                          |                               |
| Medium Sand                                                                                                                                                     |  |                                                                                        | 40                                                                                                                              | 60                                                                                                                                                                                                                                                                                                | 12. Pumping level below land surfaces:<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield _____ g.p.m.                                                                                                                                                                                                                                       |                               |
|                                                                                                                                                                 |  |                                                                                        |                                                                                                                                 |                                                                                                                                                                                                                                                                                                   | 13. Water sample submitted: _____ mo./day/yr.<br><input type="checkbox"/> Yes <input type="checkbox"/> No Date _____                                                                                                                                                                                                                                                                                                       |                               |
|                                                                                                                                                                 |  |                                                                                        |                                                                                                                                 |                                                                                                                                                                                                                                                                                                   | 14. Well head completion: _____<br><input type="checkbox"/> Pitless adapter <u>12</u> inches above grade                                                                                                                                                                                                                                                                                                                   |                               |
|                                                                                                                                                                 |  |                                                                                        |                                                                                                                                 |                                                                                                                                                                                                                                                                                                   | 15. Well grouted? <u>yes 1-2 fine sand mix</u><br>With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete<br>Depth: From <u>40"</u> ft. to <u>14</u> ft.                                                                                                                                                                                                |                               |
|                                                                                                                                                                 |  |                                                                                        |                                                                                                                                 |                                                                                                                                                                                                                                                                                                   | 16. Nearest source of possible contamination: _____<br>ft. _____ Direction _____ Type <u>NONE</u><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                 |                               |
|                                                                                                                                                                 |  |                                                                                        |                                                                                                                                 |                                                                                                                                                                                                                                                                                                   | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                               |
| (Use a second sheet if needed)                                                                                                                                  |  |                                                                                        |                                                                                                                                 |                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |
| 18. Elevation:                                                                                                                                                  |  | 19. Remarks:                                                                           |                                                                                                                                 | 20. Water well contractor's certification:                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |
| Topography:<br><input type="checkbox"/> Hill<br><input checked="" type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley |  | Septic system not installed at this time.<br><br>No apparent source for contamination. |                                                                                                                                 | This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Harp Well &amp; Pump</b> <u>236</u><br>Business name License No.<br>Address <u>Wichita, Kansas</u><br>Signed <u>M. Arnold</u> Date <u>11-25-77</u><br>Authorized representative |                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |

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

Form WWC-5