

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                      |  |                             |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                  |    |                                 |                                                                          |                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                                                 |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------|--|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----|---------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------------------------------------------------|--|--|--|--|
| County<br><b>Sedgwick</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    | Fraction<br><b>1/4 NW 1/4 NW 1/4</b> |  | Section number<br><b>20</b> |                                                                                                                                                                                                                                                                                                                                                                                                                            | Township number<br><b>T 27 S</b> |    | Range number<br><b>R 1W E/W</b> |                                                                          |                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                                                 |  |  |  |  |
| 1. Location of well:<br><b>636 North Maize</b><br>Street address of well location if in city:<br><b>Wichita, Kansas</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |                                      |  |                             | 3. Owner of well: <b>John Rush</b><br>R.R. or street: <b>636 North Maize</b><br>City, state, zip code: <b>Wichita, Kansas</b>                                                                                                                                                                                                                                                                                              |                                  |    |                                 |                                                                          |                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                                                 |  |  |  |  |
| 4. Locate with "X" in section below:<br><div style="text-align: center;">N<br/><table border="1" style="margin: auto; border-collapse: collapse;"><tr><td style="width: 50px; height: 50px; text-align: center; vertical-align: middle;">X<br/>NW</td><td style="width: 50px; height: 50px; text-align: center; vertical-align: middle;">NE</td></tr><tr><td style="width: 50px; height: 50px; text-align: center; vertical-align: middle;">SW</td><td style="width: 50px; height: 50px; text-align: center; vertical-align: middle;">SE</td></tr></table><br/>S<br/>1 Mile</div> |    |                                      |  |                             | X<br>NW                                                                                                                                                                                                                                                                                                                                                                                                                    | NE                               | SW | SE                              | Sketch map:<br><div style="text-align: center;">W<br/>1 Mile<br/>E</div> |                                                                                                                                                                                                                                                                                                                                             |  |  |  | 6. Bore hole dia. <u>11</u> in. Completion date _____<br>Well depth <u>60</u> ft. <u>8-2-77</u> |  |  |  |  |
| X<br>NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NE |                                      |  |                             |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                  |    |                                 |                                                                          |                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                                                 |  |  |  |  |
| SW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SE |                                      |  |                             |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                  |    |                                 |                                                                          |                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                                                 |  |  |  |  |
| 5. Type and color of material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                      |  |                             | 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                                                                                                                               |                                  |    |                                 |                                                                          |                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                                                 |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                      |  |                             | 8. Use: <input checked="" 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 type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other                                                                     |                                  |    |                                 |                                                                          |                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                                                 |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                      |  |                             | 9. Casing: Material <u>Styrene</u> Height: Above or below _____<br>Threaded _____ Welded <u>1</u> Surface _____ 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 Gauge No. <u>200</u>                                                                                       |                                  |    |                                 |                                                                          |                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                                                 |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                      |  |                             | 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>20'</u><br>Set between <u>40</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>                                                                                                                               |                                  |    |                                 |                                                                          |                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                                                 |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                      |  |                             | 11. Static water level: _____ ma./day/yr.<br><u>30</u> ft. below land surface Date <u>8-2-77</u>                                                                                                                                                                                                                                                                                                                           |                                  |    |                                 |                                                                          |                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                                                 |  |  |  |  |
| 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: <u>Capped</u><br><input type="checkbox"/> Pitless adapter <u>12</u> inches above grade                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                      |  |                             | 15. Well grouted? <u>yes</u> <u>to 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: <u>Septic</u><br>ft. <u>200</u> Direction <u>West</u> Type <u>Tank</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 |                                  |    |                                 |                                                                          |                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                                                 |  |  |  |  |
| 18. Elevation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                                      |  |                             | 19. Remarks:                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |    |                                 |                                                                          | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><u>Harp Well &amp; Pump</u> <u>236</u><br>Business name License No.<br>Address <u>Wichita, Kansas</u><br>Signed <u>M. Arnold</u> Date <u>8-77</u><br>Authorized representative |  |  |  |                                                                                                 |  |  |  |  |

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

Form WWC-5