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

NE NE NW SW

BILLED TO: TWENTY FIRST ELECTRIC Co.

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Sedgwick	Delano	80 1/4 SE 1/4 NW 1/4	21	T27S	R1W

Distance and direction from nearest town or city:

Street address of well location if in city: 258 No. EVERGREEN

3 Owner of well: DAN JANZEN Wichita, KS 67209

Address: 258 No. EVERGREEN

Locate with "X" in section below: Wichita Sketch map: KS.

N
W X E
S
1 Mile

2 Type and color of material	From	To
DIRT AND CLAY	0	20
CLAY AND FINE SAND	20	30
FINE TO MED. SAND	30	50

(use a second sheet if needed)

4 Well depth: 50 ft. Date of completion 11-20-74
Well diameter 11 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☒ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐

7 Casing: Material PVC Height: above/below
Threaded ☐ Welded ☐ Surface 12 in.
Diam. 5 in. to 50 ft. depth Weight ___ lbs./ft.
___ in. to ___ ft. depth Drive shoe? ☐ Yes ☐ No

8 Screen: Ralph Jones Set Stream
Manufacturer PLASTIC
Type PVC Dia. 5"
Slot/gauze .05 Length 10 ft.
Set between 40 ft. and 50 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/4 to 1/8

9 Static water level:
30 ft. below land surface Date 11-20-74

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:
☐ Yes ☐ No Date ___

12 Well head completion: capped
☐ Pitless adapter 12 ☐ Inches abave grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐
Depth: From 0 ft. to 12 ft.

14 Nearest source of possible contamination: Sewer
ft. 11 Direction North Type line
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation WELL IS 11 FT. FROM CAST IRON LINE CONNECTING TO CITY SEWER LINE

Topography:
☐ Hill
☐ Slope
☐ Upland
☒ Valley

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.
Business name HARP WELL & PUMP SERV License No. 236
Address 215 So. TYLER RD
Signed Mary Arnell Date 11-20-74
Authorized representative

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

Form WWC-5

677-H