

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

|                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Location of well: <u>Sedgwick</u>                                                                                                                    |  | Fraction: <u>1/4 SE 1/4 SW 1/4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Section number: <u>35</u> | Township number: T <u>27</u> S R <u>2</u> E <u>W</u>                                                                                                                                                                                                                                                                                                             |
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city: <u>14708 W. 23rd St. W.</u><br><u>Wichita, Kan.</u> |  | 3. Owner of well: <u>Greg Menges</u><br>R.R. or street: <u>16171 West Highway</u><br>City, state, zip code: <u>Goddard, Kansas</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                                                                                                                                                                                                                                                                                                                                  |
| 4. Locate with "X" in section below:<br>N<br>W E<br>S<br>1 Mile                                                                                         |  | Sketch map:<br>6. Bore hole dia. <u>4</u> in. Completion date <u>8-20-76</u><br>Well depth <u>90</u> ft.<br>7. <input checked="" 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<br>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<br>9. Casing: Material <u>STYRENE</u> Height: <u>above</u> or below<br>Threading: <u>Welded</u> Surface <u>12</u> in.<br>RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1200</u> lbs./ft.<br>Dia. <u>5</u> in. to <u>90</u> ft. depth Wall Thickness: inches or<br>Dia. <u>5</u> in. to <u>90</u> ft. depth gage No. <u>1200</u> |                           |                                                                                                                                                                                                                                                                                                                                                                  |
| 5. Type and color of material                                                                                                                           |  | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | To                        | 10. Screen: Manufacturer's name <u>SUNFLOWER PLASTIC</u><br>Type <u>STYRENE</u> Dia. <u>5"</u><br>Dia/gauze <u>106</u> Length <u>65 ft</u><br>Set between <u>25</u> ft. and <u>90</u> ft.<br>Gravel pack <u>YES</u> Size range of material <u>1/4 - 1/8"</u>                                                                                                     |
| <u>Topsoil</u>                                                                                                                                          |  | <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>3</u>                  | 11. Static water level: <u>15</u> ft. below land surface Date <u>8-20-76</u>                                                                                                                                                                                                                                                                                     |
| <u>Clay</u>                                                                                                                                             |  | <u>3</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>14</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.                                                                                                                                                                                    |
| <u>Fine Sand</u>                                                                                                                                        |  | <u>14</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>17</u>                 | 13. Water sample submitted: ____ mo./day/yr.<br>____ Yes ____ No Date ____                                                                                                                                                                                                                                                                                       |
| <u>Gray Shale</u>                                                                                                                                       |  | <u>17</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>90</u>                 | 14. Well head completion: <u>12</u> Capped<br>____ Pitless adapter ____ Inches above grade                                                                                                                                                                                                                                                                       |
|                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | 15. Well grouted? <u>YES</u><br>With: ____ Neat cement ____ 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>75</u> Direction <u>NE</u> Type <u>Tank</u><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes ____ 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>____ Submersible ____ Turbine<br>____ Jet ____ Reciprocating<br>____ Centrifugal ____ Other                                                                     |
|                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | 18. Elevation:                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | 19. Remarks:                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report<br>is true to the best of my knowledge and belief.<br><u>HARP WELL Pump 236</u><br>Business name <u>WICHITA, KANSAS</u> License No. ____<br>Address <u>Wichita, Kansas</u><br>Signed <u>M. Arnold</u> Date <u>8-31-76</u><br>Authorized representative |

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

Form WWC-5