

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:                                                                                                                                                                                                                                                                                                                                     |  | County<br><b>Sedgwick</b>                                                                       | Fraction<br><b>1/4 SE 1/4 SE 1/4</b> | Section number<br><b>27</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                | Township number<br><b>T 27 S</b> | Range number<br><b>R 2W E/W</b> |
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city: <b>1/4 East and 200 yards North of 151st West</b>                                                                                                                                                                                                    |  |                                                                                                 |                                      | 3. Owner of well:<br>R.R. or street:<br>City, state, zip code:                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                 |
| 4. Locate with "X" in section below:<br>Sketch map:<br><div style="display: flex; align-items: center;"><div style="text-align: center; margin-right: 10px;">N<br/>1 Mile<br/>W<br/>1 Mile<br/>S<br/>E</div><div style="border: 1px solid black; padding: 5px; text-align: center;">NW NE<br/>SW SE</div></div> <b>and 54 hyway.<br/>Wichita, Kansas</b> |  |                                                                                                 |                                      | Jim Goolsby Construction<br>1349 Tapestry Circle<br>Wichita, Kansas                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |                                 |
|                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                 |                                      | 6. Bore hole dia. <u>1 1/2</u> in. Completion date <u>7-12-77</u><br>Well depth <u>105</u> ft.                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                 |
| 5. Type and color of material                                                                                                                                                                                                                                                                                                                            |  |                                                                                                 |                                      | 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                                                                                                                                                                    |                                  |                                 |
|                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                 |                                      | 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 <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in.<br>RMP <input checked="" type="checkbox"/> PVC <u>81</u> Weight <u>      </u> lbs./ft.<br>Dia. <u>5</u> in. to <u>105</u> ft. depth Wall Thickness: inches or<br>Dia. <u>      </u> in. to <u>      </u> ft. depth gage No. <u>200</u>                                                                                |                                  |                                 |
|                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                 |                                      | 10. Screen: Manufacturer's name <u>Sunflower Plastic</u><br>Type <u>styrene</u> Dia. <u>5"</u><br>Slot/gulp <u>.06</u> Length <u>74'</u><br>Set between <u>31</u> ft. and <u>105</u> ft.<br><u>      </u> ft. and <u>      </u> ft.<br>Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8"</u>                                                                                                                                                                      |                                  |                                 |
|                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                 |                                      | 11. Static water level: <u>25</u> ft. below land surface Date <u>7-12-77</u> mo./day/yr.                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                 |
|                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                 |                                      | 12. Pumping level below land surfaces:<br><u>      </u> ft. after <u>      </u> hrs. pumping <u>      </u> g.p.m.<br><u>      </u> ft. after <u>      </u> hrs. pumping <u>      </u> g.p.m.<br>Estimated maximum yield <u>      </u> g.p.m.                                                                                                                                                                                                                               |                                  |                                 |
|                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                 |                                      | 13. Water sample submitted: <u>      </u> mo./day/yr.<br><input type="checkbox"/> Yes <input type="checkbox"/> No Date <u>      </u>                                                                                                                                                                                                                                                                                                                                       |                                  |                                 |
|                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                 |                                      | 14. Well head completion: <u>12</u> capped<br><input type="checkbox"/> Pitless adapter <u>      </u> inches above grade                                                                                                                                                                                                                                                                                                                                                    |                                  |                                 |
|                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                 |                                      | 15. Well grouted? <u>yes</u> <u>1-2</u> fine sand mix<br>With: <u>Neat cement</u> <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>NONE</u><br>ft. <u>      </u> Direction <u>      </u> Type <u>      </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 <u>      </u><br>Model number <u>      </u> HP <u>      </u> Volts <u>      </u><br>Length of drop pipe <u>      </u> ft. capacity <u>      </u> 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 checked="" type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley                                                                                                                                                                                          |  | Septic system not installed when the well was drilled.<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> 236<br>Business name <u>Wichita, Kansas</u> License No. <u>67209</u><br>Address <u>      </u><br>Signed <u>M. Arnold</u> Date <u>9-15-77</u><br>Authorized representative                                                                                                                                                       |                                  |                                 |

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

Form WWC-5