

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 SW 1/4</b>                           | Section number<br><b>7</b>                                                                                                                                                                                                                                                                                                                                    | Township number<br><b>T 28 S R 1W E/W</b>                                                                                                                                                                                                                                                                                                              | Range number |
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city: |                                        | 3. Owner of well:<br>R.R. or street:<br>City, state, zip code: |                                                                                                                                                                                                                                                                                                                                                               | Walt Stauffer Construction<br>3535 W. 13th St.<br>Wichita, Kansas                                                                                                                                                                                                                                                                                      |              |
| 4. Locote with "X" in section below:<br>N<br>W<br>E<br>S<br>1 Mile<br>1 Mile                        |                                        | Sketch map:<br>                                                |                                                                                                                                                                                                                                                                                                                                                               | 6. Bore hole dia. <b>11</b> in. Completion date _____<br>Well depth <b>120</b> ft. <b>6-6-78</b>                                                                                                                                                                                                                                                       |              |
| 5. Type and color of material                                                                       |                                        | From                                                           | To                                                                                                                                                                                                                                                                                                                                                            | 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                                                |              |
| Topsoil                                                                                             |                                        | 0                                                              | 2                                                                                                                                                                                                                                                                                                                                                             | 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 |              |
| Clay                                                                                                |                                        | 2                                                              | 21                                                                                                                                                                                                                                                                                                                                                            | 9. Casing: Material <b>styrene</b> Height: Above or below _____<br>Threaded _____ Welded <b>gl</b> Surface <b>12</b> in.<br>RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft.<br>Dia. <b>5</b> in. to <b>120</b> ft. depth Wall Thickness: inches or<br>Dia. _____ in. to _____ ft. depth gage No. <b>.200</b>                   |              |
| Fine Sand                                                                                           |                                        | 21                                                             | 33                                                                                                                                                                                                                                                                                                                                                            | 10. Screen: Manufacturer's name _____<br><b>Sunflower Plastic</b><br>Type <b>styrene</b> Dia. <b>5"</b><br>Slot <b>1/16</b> in. Length <b>10'</b><br>Set between <b>110</b> ft. and <b>120</b> ft.<br>_____ ft. and _____ ft.<br>Gravel pack? <b>yes</b> Size range of material <b>1/2-1/8"</b>                                                        |              |
| Clay                                                                                                |                                        | 33                                                             | 102                                                                                                                                                                                                                                                                                                                                                           | 11. Static water level: _____ mo./day/yr.<br><b>30</b> ft. below land surface Date <b>6-6-78</b>                                                                                                                                                                                                                                                       |              |
| Fine Sand                                                                                           |                                        | 102                                                            | 120                                                                                                                                                                                                                                                                                                                                                           | 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>_____ Yes _____ No Date _____                                                                                                                                                                                                                                                                         |              |
|                                                                                                     |                                        |                                                                |                                                                                                                                                                                                                                                                                                                                                               | 14. Well head completion:<br><input checked="" type="checkbox"/> Pitless adapter <b>12</b> inches above grade                                                                                                                                                                                                                                          |              |
|                                                                                                     |                                        |                                                                |                                                                                                                                                                                                                                                                                                                                                               | 15. Well grouted? <b>yes</b> <b>1-2 Fine Sand Mix</b><br>With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete<br>Depth: From <b>40"</b> ft. to <b>14</b> ft.                                                                                                                                                           |              |
|                                                                                                     |                                        |                                                                |                                                                                                                                                                                                                                                                                                                                                               | 16. Nearest source of possible contamination: <b>septic</b><br>ft. <b>60</b> Direction <b>S.E.</b> Type <b>tank</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No                                                                                                                                              |              |
|                                                                                                     |                                        |                                                                |                                                                                                                                                                                                                                                                                                                                                               | 17. Pump: _____ Not installed<br>Manufacturer's name <b>Sta-Rite</b><br>Model number <b>20P4D02</b> HP <b>3/4</b> Volts <b>230</b><br>Length of drop pipe <b>100</b> ft. capacity <b>20</b> g.p.m.<br>Type:<br><input checked="" type="checkbox"/> Submersible _____ Turbine<br>_____ Jet _____ Reciprocating<br>_____ Centrifugal _____ Other         |              |
| (Use a second sheet if needed)                                                                      |                                        |                                                                |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                        |              |
| 18. Elevation:<br><br>Topography:<br>____ Hill<br>____ Slope<br>____ Upland<br>____ Valley          | 19. Remarks:<br><br><b>Flat Ground</b> |                                                                | 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><b>Harp Well &amp; Pump</b> <b>236</b><br>Business name License No.<br>Address <b>Wichita, Kansas</b> <b>67209</b><br>Signed <b>M. Arnold</b> Date <b>7-1-78</b><br>Authorized representative |                                                                                                                                                                                                                                                                                                                                                        |              |

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

Form WWC-5