

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 <b>SEDGWICK</b>	Fraction <b>1/4 NE 1/4 SE 1/4</b>	Section number <b>23</b>	Township number <b>T 28 S R 3W E/W</b>	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>#27 South Lakeview Drive Lake Waltanna</b>			3. Owner of well: R.R. or street: City, state, zip code: <b>Prarie Homes 900 North Tyler Road Wichita, Kansas</b>			
4. Locate with "X" in section below: Sketch map: <b>Goddard, Kansas</b>			6. Bore hole dia. <b>11</b> in. Completion date _____ Well depth <b>125</b> ft. <b>3-30-79</b>			
			7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <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 <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
5. Type and color of material			From	To	9. Casing: Material <b>styrene</b> Height: Above or below surface _____ Threading _____ Welded _____ g. Surface _____ 12 in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ depth Wall Thickness: inches _____ Dia. _____ in. to _____ ft. depth gage No. <b>.200</b>	
Topsoil			0	2	10. Screen: Manufacturer's name _____ <b>Sunflower Plastic</b> Type <b>styrene</b> Dia. <b>5"</b> Slot/gauge _____ Length <b>95'</b> Set between <b>30</b> ft. and <b>125</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> <b>yes</b> Size range of material: <b>1/4-1/8"</b>	
Sandy Clay			2	6	11. Static water level: _____ mo./day/yr. <b>21</b> ft. below land surface Date <b>3-30-79</b>	
Fine to Medium Sand			6	14	12. 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.	
Clay			14	22	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
Blue Shale			22	90	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ 12 Inches above grade	
Red Shale			90	97	15. Well grouted? <input checked="" type="checkbox"/> <b>yes 1-2 fine sand mix</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Benjonite <input checked="" type="checkbox"/> Concrete Depth: From <b>40'</b> ft. to <b>14</b> ft.	
Blue Shale			97	125	16. Nearest source of possible contamination: _____ ft. _____ Direction _____ Type <b>NONE</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(Use o second sheet if needed)					17. Pump: _____ Not installed Manufacturer's name <b>Jacuzzi</b> Model number <b>7S4C</b> HP <b>3/4</b> Volts <b>230</b> Length of drop pipe <b>80</b> ft. capacity _____ g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other	
18. Elevation:	19. Remarks: <b>Flat Ground</b>  <b>Septic system not installed at this time.</b> <b>No apparent source for contamination.</b>		20. 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. <b>Harp Well &amp; Pump</b> _____ 236 Business name License No. Address <b>Wichita, Kansas</b> Signed <b>M. Arnold</b> Date <b>3-30-79</b> Authorized representative			

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

Form WWC-5