

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
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WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

SW SE NE NE

1. Location of well:		County Sedgwick	Fraction 1/4 NE 1/4 NE 1/4	Section number 26	Township number T 29 S R 2 W E/W	Range number
2. Distance and direction from nearest town or city: 230 South Second Street address of well location if in city: Clearwater, Kansas				3. Owner of well: Jim Whitney R.R. or street: 230 South Second City, state, zip code: Clearwater, Kansas		
4. Locate with "X" in section below: N S W E				Sketch map:		
5. Type and color of material				From	To	6. Bore hole dia. 11 in. Completion date 4-21-77 Well depth 57 ft.
Topsoil				0	3	7. ☒ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary
Clay				3	20	8. Use: ☐ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☒ Lawn ☐ Oil field water ☐ Other
Fine Sand				20	45	9. Casing: Material Styrene Height: Above or below 111 Threaded ☐ Welded gl Surface 12 in. RMP ☒ PVC ☐ Weight 111 lbs./ft. Dia. 5 in. to 57 ft. depth Wall Thickness: inches or Dia. 5 in. to 57 ft. depth gage No. 200
Gray Shale				45	57	10. Screen: Manufacturer's name Sunflower Plastic Type Styrene Dia. 5" Slot 111 .06 Length 20' Set between 37 ft. and 57 ft. Gravel pack? yes Size range of material 1/2-1/8"
						11. Static water level: 25 ft. below land surface Date 4-21-77 mo./day/yr.
						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.
						13. Water sample submitted: ____ mo./day/yr. Yes ____ No ____ Date ____
						14. Well head completion: 12 capped Pitless adapter ____ Inches above grade
						15. Well grouted? yes With: ☐ Neat cement ☐ Bentonite ☒ Concrete Depth: From 40" ft. to 14 ft.
						16. Nearest source of possible contamination: City ft. 100 Direction East Type Sewer Well disinfected upon completion? ☒ Yes ____ No ____
						17. Pump: ☒ Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.p.m. Type: ____ Submersible ____ Turbine ____ Jet ____ Reciprocating ____ Centrifugal ____ Other ____
						18. Elevation:
						19. Remarks:
						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. Harp Well & Pump 236 Business name Wichita, Kansas License No. ____ Address m. Arnold Signed m. Arnold Date 4-21-77 Authorized representative

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

Form WWC-5

MI-1023