

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

|                                                                                                                                                      |                                                                       |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|
| 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>16</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Township number<br><b>T 29 S</b> | Range number<br><b>R 4W E/W</b> |
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city:                                                  | <b>3/4 miles E. of<br/>375th St. W. on<br/>95th St. So. then</b>      |                                      | 3. Owner of well:<br>R.R. or street:<br>City, state, zip code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                                 |
|                                                                                                                                                      |                                                                       |                                      | <b>Charles Shelton<br/>2026 Munnel<br/>Wichita, Kansas</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                 |
| 4. Locate with "X" in section below:<br>N<br>W<br>E<br>S<br>1 Mile                                                                                   | Sketch map:<br><b>1/8 mile No. on the driveway.<br/>Viola, Kansas</b> |                                      | 6. Bore hole dia. <b>11</b> in. Completion date<br>Well depth <b>65</b> ft. <b>5-10-78</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                 |
|                                                                                                                                                      |                                                                       |                                      | 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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other                                                                                                                                                                                       |                                  |                                 |
|                                                                                                                                                      |                                                                       |                                      | 9. Casing: Material <b>styrene</b> Height: Above or below<br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in.<br>RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft.<br>Dia. <b>5</b> in. to <b>65</b> ft. depth Wall Thickness: inches or<br>Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>.200</b>                                                                                       |                                  |                                 |
| 5. Type and color of material                                                                                                                        | From                                                                  | To                                   | 10. Screen: Manufacturer's name<br><b>Sunflower Plastic</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |                                 |
| <b>Sandy Topsoil</b>                                                                                                                                 | <b>0</b>                                                              | <b>3</b>                             | Type <b>styrene</b> Dia. <b>5"</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                                 |
| <b>Red Clay</b>                                                                                                                                      | <b>3</b>                                                              | <b>12</b>                            | Slot/gage <b>.06</b> Length <b>45'</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |                                 |
| <b>Red Shale</b>                                                                                                                                     | <b>12</b>                                                             | <b>65</b>                            | Set between <b>20</b> ft. and <b>65</b> ft.<br>ft. and <input type="checkbox"/> ft. and <input type="checkbox"/> ft.                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |                                 |
|                                                                                                                                                      |                                                                       |                                      | Gravel pack? <b>yes</b> Size range of material <b>1/4-1/8"</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                                 |
|                                                                                                                                                      |                                                                       |                                      | 11. Static water level:<br><b>18</b> ft. below land surface Date <b>5-10-78</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                                 |
|                                                                                                                                                      |                                                                       |                                      | 12. Pumping level below land surfaces:<br>ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.<br>ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.<br>Estimated maximum yield <input type="checkbox"/> g.p.m.                                                                                                                                                                                                                                                                      |                                  |                                 |
|                                                                                                                                                      |                                                                       |                                      | 13. Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                                 |
|                                                                                                                                                      |                                                                       |                                      | 14. Well head completion: <b>capped</b><br><input type="checkbox"/> Pitless adapter <b>12</b> inches above grade                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                 |
|                                                                                                                                                      |                                                                       |                                      | 15. Well grouted? <b>yes 1-2</b> Fine Sand Mix<br>With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete<br>Depth: From <b>0</b> ft. to <b>10</b> ft.                                                                                                                                                                                                                                                                                                                    |                                  |                                 |
|                                                                                                                                                      |                                                                       |                                      | 16. Nearest source of possible contamination: <b>septic</b><br>ft. <b>200</b> Direction <b>East</b> Type <b>tank</b><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 <input type="checkbox"/><br>Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/><br>Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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: <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>Dr. Arnold</b> Date <b>6-29-78</b><br>Authorized representative                                                                                                                                                                              |                                  |                                 |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley |                                                                       |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                                 |

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

Form WWC-5

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