| | | | | | | | T | R | EW | sec 1/4 1/4 1/4 No. |

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes—Bldg. 740
Topeka, Kansas 66620

1 Location of well:

County	Township name	Fraction	Section number	Town number	Range number
Sumner	London	SE/SE¼ NE¼	11	30S	1W

Distance and direction from nearest town or city:
1 South
1 West
½ South of

Street address of well location if in city:

Peck, Kansas

Sketch map

3 Owner of well: Red Tiger Drilling Company
Address: Plaza Building
Wichita, Kansas

Locate with "X" in section below:

N

W ——————— E
S
├─ 1 Mile ─┤

4 Well depth: **50** ft. Date of completion **5-28-75**
Well diameter **11** in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

Use: ☐ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☒ See #16

7 Casing: Material **styrene** Height: above/below ///
Threaded ☐ Welded ☐ Surface **12** in.
Diam. Weight _____ lbs./ft. _____
5 in. to **50** ft. depth Drive shoe? ☐ Yes ☒ No
_____ in. to _____ ft. depth

2

Type and color of material	From	To
Dirt and Sandy topsoil	0	5
Fine sand	5	25
Coarse sand	25	50

(use a second sheet if needed)

8 Screen:
Manufacturer **Sunflower Plastic**
Type **styrene** Dia. **5"**
Slot/gauze **.005** Length **20'**
Set between **30** ft. and **50** ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material **¼-1/8"**

9 Static water level:
20 ft. below land surface Date **5-28-75**

Pumping level below land surfaces:
30 ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield _____ g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date _____

12 Well head completion: **capped**
☐ Pitless adapter **12** ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ _____
Depth: From **0** ft. to **11** ft.

14 Nearest source of possible contamination: **NONE**
ft. _____ Direction _____ Type _____
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation

water for slush pit

Topography:
☐ Hill
☐ Slope
☐ Upland
☒ Valley

17 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.
Business name **Harp Well & Pump** License No. **236**
Address **Wichita, Kansas** **67209**
Signed *M. Arnold* Date **5-29-75**
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

677-H