

USE TYPEWRITER OR BALL  
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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 <b>Sumner</b>	Fraction <b>1/4 NE 1/4 SE 1/4</b>	Section number <b>12</b>	Township number <b>T 30 S</b>	Range number <b>R 1W E/W</b>
2. Distance and direction from nearest town or city: <b>1 1/2 mile South of 119th South on the West side of Meridian. Peck, Kansas</b>				3. Owner of well: <b>Raymond Cox</b> R.R. or street: <b>916 South Vassar</b> City, state, zip code: <b>Wichita, Kansas</b>		
4. Locate with "X" in section below: <div><div>1 Mile</div><div><div>N</div><div><div>W</div><div>E</div></div><div><div>SW</div><div>SE</div></div><div>S</div></div><div>1 Mile</div></div>				Sketch map: <div>6. Bore hole dia. <b>1 1/2</b> in. Completion date _____ Well depth <b>45</b> ft. <b>9-26-78</b></div> <div>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</div> <div>8. Use: <input 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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other</div> <div>9. Casing: Material <b>Styrene</b> Height: Above or below _____ Threaded _____ Welded <b>g1</b> Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>45</b> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <b>200</b></div> <div>10. Screen: Manufacturer's name _____ <b>Sunflower plastic</b> Type <b>styrene</b> Dia. <b>5"</b> Slot/groove <b>3/16</b> Length <b>15'</b> Set between <b>30</b> ft. and <b>45</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <b>1/2-1/8"</b></div> <div>11. Static water level: _____ mo./day/yr. <b>15</b> ft. below land surface Date <b>9-26-78</b></div> <div>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.</div> <div>13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____</div> <div>14. Well head completion: _____ capped <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade</div> <div>15. Well grouted? <input checked="" type="checkbox"/> yes <b>1-2 fine sand mix</b> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>40"</b> ft. to <b>14</b> ft.</div> <div>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</div> <div>17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other</div> <div>18. Elevation:</div> <div>19. Remarks: <b>Flat ground</b> <b>Septic system not installed at this time</b> <b>No apparent source for contamination</b></div> <div>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> <b>236</b> Business name <b>Wichita, Kansas</b> <b>67209</b> Address Signed <b>M. Donald</b> Date <b>10-23-78</b> Authorized representative</div>		

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

Form WWC-5