

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 SUMNER | Fraction NW 1/4 NW 1/4 NW 1/4 | Section number 13 | Township number T 30 S | Range number R 1W |
| 2. Distance and direction from nearest town or city: From 119th St. So. & Meridian, 2 So., Turn West, Cross R. R. tracks, after starts | | | 3. Owner of well: Albert Dick R.R. or street: 1118 Ida City, state, zip code: Wichita, Kansas | | |
| 4. Locate with "X" in section below: <div style="text-align: center;">Sketch map: curving to the south only house on the south side. Peck, Kansas</div> | | | 6. Bore hole dia. 11 in. Completion date _____ Well depth 90 ft. 4-13-79 | | |
| | | | 7. 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 | | | 9. Casing: Material Styrene Height: Above or below _____ Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. | | |
| | | | Dia. 5 in. to 90 ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth Gauge No. .200 | | |
| | | | 10. Screen: Manufacturer's name _____ Sunflower Plastic Type Styrene Dia. 5" Slot/pore .06 Length 60' Set between 30 ft. and 90 ft. _____ ft. and _____ ft. Gravel pack? yes Size range of material 1/4 - 1/8" | | |
| | | | 11. Static water level: _____ mo./day/yr. 35 ft. below land surface Date 4-13-79 | | |
| | | | 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. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ | | |
| | | | 14. Well head completion: capped <input type="checkbox"/> Pitless adapter 12 Inches above grade | | |
| | | | 15. Well grouted? yes 1-2 Fine Sand Mix With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 40' ft. to 14' ft. | | |
| | | | 16. Nearest source of possible contamination: Septic Tank ft. 100 Direction S.E. Type Tank Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | 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 | | |
| 18. Elevation: | | | 19. Remarks: Flat Ground | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | | 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 License No. _____ Address Wichita, Kansas 67209 Signed M. Arnold Date _____ Authorized representative | | |

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

Form WWC-5