

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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: <u>Harper</u>	Fraction: <u>NE 1/4 SE 1/4 NE 1/4</u>	Section number: <u>9</u>	Township number: <u>T 32 S R 6 E W</u>	Range number: <u>6</u>
2. Distance and direction from nearest town or city: <u>2 miles east</u>		3. Owner of well: <u>Sweetman Drilling Co.</u>				
Street address of well location if in city: <u>Harper 8am</u>		R.R. or street: _____				
		City, state, zip code: <u>Wichita, Kansas</u>				
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>8</u> in. Completion date <u>6-10-76</u> Well depth <u>47</u> ft.	
					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	
					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"/> Stack <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other	
					9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>207.2</u> lbs./ft. Dia. <u>4</u> in. to <u>47</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>1237</u>	
5. Type and color of material		From	To	10. Screen: Manufacturer's name <u>Open Water Well</u>		
<u>Fine Sand</u>		<u>0</u>	<u>5</u>	Type _____ Dia. <u>4"</u>		
<u>Silty</u>		<u>5</u>	<u>30</u>	Slot/gauze <u>1/8</u> Length <u>19</u>		
<u>Gravel</u>		<u>30</u>	<u>47</u>	Set between <u>8.37</u> ft. and <u>47</u> ft. _____ ft. and _____ ft.		
				Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4-1/4</u>		
				11. Static water level: _____ mo./day/yr. <u>18</u> ft. below land surface Date <u>6-10-76</u>		
				12. Pumping level below land surfaces: <u>22</u> ft. after <u>1</u> hrs. pumping <u>60</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>80</u> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
				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		
		(Use a second sheet if needed)				
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. <u>Harper Water Well Inc</u> Business name _____ License No. <u>143</u> Address <u>143</u> Signed <u>[Signature]</u> Date <u>6-10-76</u> Authorized representative	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

32
 60
 9
 1/4
 1/4
 NE SE NE

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

Form WWC-5