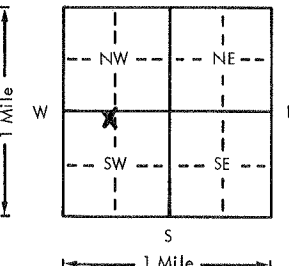


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82α-1201-1215

Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

County <b>Sedgwick</b>		Fraction <b>NE 1/4 NW 1/4 SW 1/4</b>	Section number <b>26</b>	Township number <b>T 25 S R 2 E</b>	Range number <b>2 E</b>
1. Location of well: <b>8808 N. 127th St. E. Valley Center, Ks.</b>			3. Owner of well: <b>Kansas Industrial Environment Service, Inc.</b> R.R. or street: <b>8808 N. 127th St. E. P.O. Box 745</b> City, state, zip code: <b>Valley Center, Kansas 67226</b>		
2. Distance and direction from nearest town or city: <b>8808 N. 127th St. E. Valley Center, Ks.</b>		4. Locate with "X" in section below: 			
5. Type and color of material		From	To	6. Bore hole dia. <b>11</b> in. Completion date <b>1-5-77</b> Well depth <b>40</b> ft.	
<b>Topsoil</b>		<b>0</b>	<b>2</b>	7. <input checked="" 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	
<b>Clay - yellowish tan, sticky</b>		<b>2</b>	<b>40</b>	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 type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input checked="" type="checkbox"/> Other	
				9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>2.28</b> lbs./ft. Dia. <b>5</b> in. to <b>40</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>.214</b>	
				10. Screen: Manufacturer's name <b>PVC - NSF 160 P.S.I.</b> Type <b>PVC 160PSI</b> Dia. <b>5"</b> Slot/groove <b>.06</b> Length <b>20'</b> Set between <b>20</b> ft. and <b>40</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1-1/8"</b>	
				11. Static water level: <input type="checkbox"/> mo./day/yr. <b>N/A</b> ft. below land surface Date <input type="checkbox"/>	
				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: <b>18</b> capped See #19 <input type="checkbox"/> Pitless adapter _____ Inches above grade	
				15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.	
				16. Nearest source of possible contamination: <b>See Map</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input 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: <b>See attached Map #8 Monitor well #14 Well head capped with 5" I.P.S. cap.</b>			
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. <b>Harp Well &amp; Pump 236</b> Business name _____ License No. _____ Address <b>Wichita, Kansas</b> Signed <b>M. Arnold</b> Date <b>1-13-77</b> Authorized representative			

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

Form WWC-5