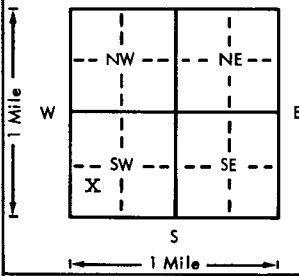


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Sedgwick	Fracton NW NW SE SW 1/4 SW 1/4 SW 1/4	Section number 17	Township number T 26 S R 1E E/W	Range number	
2. Distance and direction from nearest town or city: Street address of well location if in city: 844 West 54th North Wichita, Kansas			3. Owner of well: David Simms R.R. or street: 844 West 54th North City, state, zip code: Wichita, Kansas				
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <u>11</u> in. Completion date _____ Well depth <u>40</u> ft. <u>5-31-77</u>			
5. Type and color of material		From	To	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			
Topsoil		0	2	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			
Clay		2	9	9. Casing: Material <u>Styrene</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>40</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.200</u>			
Fine Sand		9	25	10. Screen: Manufacturer's name _____ <u>Sunflower Plastic</u> Type <u>Styrene</u> Dia. <u>5"</u> Slot/gauze <u>.06</u> Length <u>10'</u> Set between <u>30</u> ft. and <u>40</u> ft. _____ ft. and _____ ft. Gravel pack? <u>Yes</u> Size range of material <u>1/2-1/8"</u>			
Medium Sand		25	40	11. Static water level: _____ mo./day/yr. <u>15</u> ft. below land surface Date <u>5-31-77</u>			
				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: <u>Capped</u> <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade			
				15. Well grouted? <u>yes</u> <u>to 2 fine sand</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> <u>mix</u> Concrete Depth: From <u>40"</u> ft. to <u>14</u> ft.			
				16. Nearest source of possible contamination: <u>Septic</u> ft. <u>100</u> Direction <u>N/E</u> Type <u>Tank</u> 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			
(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>Harp Well & Pump</u> <u>236</u> Business name License No. Address <u>Wichita, Kansas</u> Signed <u>M. Arnold</u> Date <u>7-9-77</u> Authorized representative				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

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

Form WWC-5