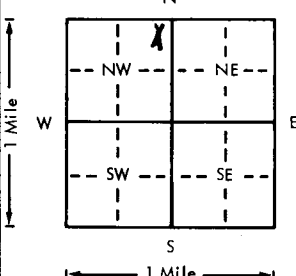


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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	Fraction NE 1/4 NE 1/4 NW 1/4	Section number 18	Township number T 26 S R 1E	Range number E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: 1834 West 60th North Wichita, Kansas			3. Owner of well: Walt Stauffer Construction R.R. or street: 3535 West 13th City, state, zip code: Wichita, Kansas		
4. Locate with "X" in section below: <div style="text-align: center;">  </div>			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. <u>11</u> in. Completion date <u>8-26-78</u> Well depth <u>45</u> ft.
Topsoil			0	3	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
Clay			3	12	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
Fine sand			12	20	9. Casing: Material <u>Styrene</u> Height: Above or below <u>12</u> in. Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>12</u> lbs./ft. Dia. <u>5</u> in. to <u>45</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>45</u> ft. depth gage No. <u>200</u>
Medium sand			20	45	10. Screen: Manufacturer's name <u>Sunflower plastic</u> Type <u>styrene</u> Dia. <u>5"</u> Slot/gauge <u>.06</u> Length <u>15'</u> Set between <u>30</u> ft. and <u>45</u> ft. ft. and <u>45</u> ft. Gravel pack? <u>yes</u> Size range of material <u>1/2-1/8"</u>
					11. Static water level: <u>15</u> ft. below land surface Date <u>8-26-78</u> mo./day/yr.
					12. Pumping level below land surfaces: ft. after <u> </u> hrs. pumping <u> </u> g.p.m. ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.
					13. Water sample submitted: <u> </u> mo./day/yr. Yes <input type="checkbox"/> No <input type="checkbox"/> Date <u> </u>
					14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade
					15. Well grouted? <u>yes</u> <u>1-2 fine sand mix</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>40"</u> ft. to <u>14</u> ft.
					16. Nearest source of possible contamination: ft. <u> </u> Direction <u> </u> Type <u>None</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Jacuzzi</u> Model number <u>7S4C</u> HP <u>3/4</u> Volts <u>230</u> Length of drop pipe <u>30</u> ft. capacity <u>18</u> g.p.m. Type: <input checked="" 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:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	Flat ground Septic system not installed at this time No apparent source for contamination.		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Harp Well & Pump <u>236</u> Business name License No. Address <u>Wichita, Kansas</u> <u>67209</u> Signed <u>M. Arnold</u> Date <u>10-25-78</u> Authorized representative		

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

Form WWC-5