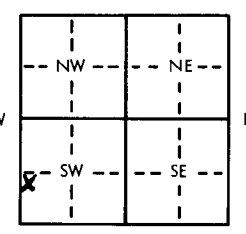


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 NW 1/4 SW 1/4 SW 1/4	Section number 18	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: 5529 No. St. Clair Wichita, Kansas			3. Owner of well: Joe Lee- Leewood Homes R.R. or street: 5228 Primrose City, state, zip code: Wichita, Kansas		
4. Locote with "X" in section below: <div style="text-align: center;">N 1 Mile W  E S 1 Mile</div>			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. <u>11</u> in. Completion date <u>4-9-79</u> Well depth <u>45</u> ft.
Topsoil			0	3	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
Clay			3	5	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			5	23	9. Casing: Material <u>Styrene</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> GL Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u> </u> lbs./ft. Dia. <u>5</u> in. to <u>45</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>200</u>
Medium Sand			23	45	10. Screen: Manufacturer's name <u>Sunflower Plastic</u> Type <u>styrene</u> Dia. <u>5"</u> Slot <u>.06</u> Length <u>15'</u> Set between <u>30</u> ft. and <u>45</u> ft. <u> </u> ft. and <u> </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>4-9-79</u> mo./day/yr.
					12. Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.
					<input checked="" type="checkbox"/> Water sample submitted: <u> </u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u> </u>
					14. Well head completion: <u>capped</u> <u> </u> Pitless adapter <u>12</u> inches above grade
					15. Well grouted? <u>yes 1-2 fine sand mix</u> With: <u> </u> Neat cement <u> </u> 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 checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: Flat Ground Septic system not installed at this time. No Apparent Source for Contamination				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 Serv. 236 Business name License No. Address Wichita, Kansas Signed <u>M. Arnold</u> date <u>4-1-79</u> Authorized representative

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

Form WWC-5