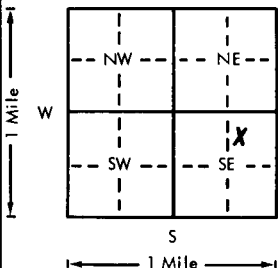


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>Sedgwick</b>	Fraction <b>NW 1/4 NE 1/4 SE 1/4</b>	Section number <b>19</b>	Township number <b>T 26 S R 1E E/W</b>	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>1331 West 47th North Wichita, Kansas</b>				3. Owner of well: <b>Walt Stauffer Construction</b> R.R. or street: <b>3535 West 13th Street</b> City, state, zip code: <b>Wichita, Kansas</b>		
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 				6. Bore hole dia. <b>11</b> in. Completion date <b>12-27-77</b> Well depth <b>45</b> ft.		
5. Type and color of material				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 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		
				9. Casing: Material <b>styrene</b> Height: Above or below <b>11</b> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>5</b> in. to <b>45</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>.290</b>		
				10. Screen: Manufacturer's name <b>Sunflower Plastic</b> Type <b>styrene</b> Dia. <b>5"</b> Slot <b>.06</b> Length <b>10'</b> Set between <b>35</b> ft. and <b>45</b> ft. Gravel pack? <b>yes</b> Size range of material <b>1/4-1/8"</b>		
				11. Static water level: <input type="checkbox"/> mo./day/yr. <b>15</b> ft. below land surface Date <b>12-27-77</b>		
(Use a second sheet if needed)				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>12</b> Well Seal <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade		
				15. Well grouted? <b>yes 1-2 fine sand mix</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>6</b> ft. to <b>16</b> ft.		
				16. Nearest source of possible contamination: <b>NONE</b> ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18. Elevation:				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Pioneer</b> Model number <b>A18</b> 30 HP <b>3/4</b> Volts <b>230</b> Length of drop pipe ____ ft. capacity ____ 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		
				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</b> 236 Business name License No. Address <b>Wichita, Kansas</b> Signed <b>M. Arnold</b> Date <b>5-19-78</b> Authorized representative		
				19. Remarks: <b>Flat Ground</b> <b>Septic system not installed at this time.</b> <b>No apparent source for contamination.</b> <b>Well will be in the basement.</b>		
				Topography: <input type="checkbox"/> Hill <input 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