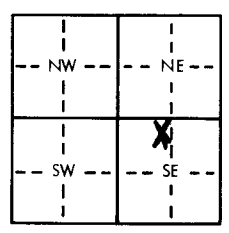


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 SW NE SE NE 1/4 SW 1/4 SE 1/4	Section number 19	Township number T 26 S	Range number R 1E E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: 4830 Alexander Wichita, Kansas			3. Owner of well: Dean Frankenberry Construction R.R. or street: 1600 West 61st North City, state, zip code: Wichita, Kansas 67204			
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W  E S 1 Mile</div>			Sketch map:		6. Bore hole dia. <u>11</u> in. Completion date <u>11-20-78</u> Well depth <u>45</u> ft.	
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	
					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 <u>Styrene</u> Height: Above or below Threaded <input type="checkbox"/> Welded <u>gl</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>15</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>	
					10. Screen: Manufacturer's name <u>Sunflower plastic</u> Type <u>styrene</u> Dia. <u>5"</u> Slot/gauze <u>.06</u> Length <u>15'</u> Set between <u>30</u> ft. and <u>45</u> ft. Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8"</u>	
					11. Static water level: <u>15</u> ft. below land surface Date <u>11-20-78</u> mo./day/yr.	
(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. Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____	
					14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> capped _____ inches above grade	
					15. Well grouted? <u>yes 1-2 fine sand mix</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>6</u> ft. to <u>16</u> ft.	
					16. Nearest source of possible contamination: ft. _____ Direction _____ 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 _____ 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	
					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 <u>236</u> Business name License No. Address <u>Wichita, Kansas</u> <u>67209</u> Signed <u>Dr. Arnold</u> Date <u>12-12-78</u> Authorized representative	
					18. Elevation:	
					19. Remarks: Flat ground Septic system not installed at this time. No apparent source for contamination. Well is to be in the basement.	
					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