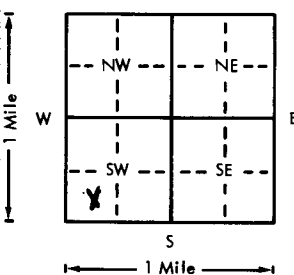


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>SE 1/4 SW 1/4 SW 1/4</b>	Section number <b>20</b>	Township number <b>T 26 S</b>	Range number <b>R 1 E</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:		3. Owner of well: <b>Mike Menges</b> R.R. or street: <b>1038 West 53rd St. North</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>2-19-77</b> Well depth <b>42</b> ft.			
5. Type and color of material		7. 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		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		9. Casing: Material <b>styrene</b> Height: Above or below 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>42</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>200</b>			
Fine Sand (Dirt)		10. Screen: Manufacturer's name <b>Sunflower Plastic</b> Type <b>styrene</b> Dia. <b>5"</b> Slot/gage <b>.06</b> Length <b>13'</b> Set between <b>29</b> ft. and <b>42</b> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <b>yes</b> Size range of material <b>1-1/8"</b>			
Medium Sand		11. Static water level: <input type="checkbox"/> mo./day/yr. <b>15</b> ft. below land surface Date <b>2-19-77</b>			
Gray Shale		12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.			
		13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date <input type="checkbox"/>			
		14. Well head completion: <b>12</b> capped <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade			
		15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>40"</b> ft. to <b>14</b> ft.			
		16. Nearest source of possible contamination: <b>Septic Tank</b> ft. <b>150</b> Direction <b>West</b> Type <b>Tank</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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			
18. Elevation:		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 236</b> Business name License No. Address <b>Wichita, Kansas</b> Signed <b>M. Arnold</b> Date <b>2-28-77</b> Authorized representative			
19. Remarks: <b>Flat Ground</b>					

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

Form WWC-5