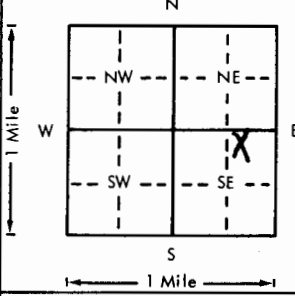


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>NE 1/4 NE 1/4 SE 1/4</b>	Section number <b>30</b>	Township number <b>T 26 S R 1E E/W</b>	Range number
2. Distance and direction from nearest town or city: <b>1/4 North of I-35 and 1/4 mile West of Seneca.</b> Street address of well location if in city: <b>Wichita, Kansas</b>			3. Owner of well: <b>Dukes Diamonds</b> R.R. or street: <b>1049 Wilbur</b> City, state, zip code: <b>Wichita, Kansas</b>		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <b>11</b> in. Completion date _____ Well depth <b>45</b> ft. <b>9-18-78</b>		
5. Type and color of material			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		
			8. Use: <input 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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			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 _____ lbs./ft. Dia. <b>5</b> in. to <b>45</b> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <b>.200</b>		
			10. Screen: Manufacturer's name <b>Sunflower Plastic</b> Type <b>styrene</b> Dia. <b>5"</b> Slot/gauze <b>.06</b> Length <b>10'</b> Set between <b>35</b> ft. and <b>45</b> ft. _____ ft. and _____ ft. Gravel pack? <b>yes</b> Size range of material <b>1/4-1/8"</b>		
			11. Static water level: _____ mo./day/yr. <b>14</b> ft. below land surface Date <b>9-18-78</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: <input type="checkbox"/> Pitless adapter <b>12</b> <b>capped</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>0</b> ft. to <b>10</b> ft.		
			16. Nearest source of possible contamination: ft. _____ Direction _____ Type <b>None</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(Use a second sheet if needed)			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		
			18. Elevation:		
			19. Remarks: <b>Flat ground</b> <b>No apparent source for contamination.</b>		
			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> <b>236</b> Business name License No. Address <b>Wichita, Kansas 67209</b> Signed <b>M. Arnold</b> Date <b>12-29-78</b> Authorized representative		
			18. Elevation: 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