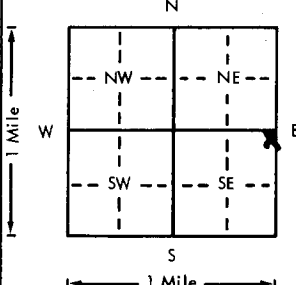


TO BWS 8-17-79

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 NE 1/4 NE 1/4 SE 1/4	Section number 30	Township number T 26 S R 1E	Range number E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: 4121 North Seneca Wichita, Kansas			3. Owner of well: Sonny Dukes - Dukes Diamond R.R. or street: 4121 North Seneca City, state, zip code: Wichita, Kansas		
4. Locote with "X" in section below: <div style="text-align: center;">  </div> Sketch map:			6. Bore hole dia. <u>4 1/2</u> in. Completion date <u>4-10-79</u> Well depth <u>45</u> 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 type="checkbox"/> Domestic <input checked="" type="checkbox"/> Public supply <u>19</u> <u>BELOW</u> <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>PVC</u> Height: Above or below <u>18</u> ft. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>2.873</u> lbs./ft. Dia. <u>5</u> in. to <u>4 1/2</u> ft. depth Wall thickness <u>3/16</u> inches or Dia. <u>5</u> in. to <u>4 1/2</u> ft. depth gage No. <u>.265</u>		
			10. Screen: Manufacturer's name <u>PVC 200 PSI NSF approved</u> Type <u>PVC 200 PSI</u> Dia. <u>5"</u> Slot/gage <u>1/16</u> .06 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>		
Topsoil			From	To	11. Static water level: <u>15</u> ft. below land surface Date <u>4-10-79</u>
Clay			0	3	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.
Fine			3	6	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____
Medium to coarse Sand			6	28	14. Well head completion: <u>18</u> capped <input type="checkbox"/> Pitless adapter _____ inches above grade
			28	45	15. Well grouted? <u>yes 1-2 fine sand mix</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>20</u> ft.
					16. Nearest source of possible contamination: <u>NONE</u> ft. _____ Direction _____ Type _____ 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
(Use a second sheet if needed)					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 236 Business name <u>Wichita, Kansas</u> License No. _____ Address _____ Signed <u>M. Arnold</u> Date <u>3-12-79</u> Authorized representative
18. Elevation:	19. Remarks: Flat Ground Septic system not installed at this time. No apparent source for contamination. From #8 above - Refer to the attached letter.				
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

20 - LEW 30
 T
 R
 1/4
 1/4
 NE
 SE