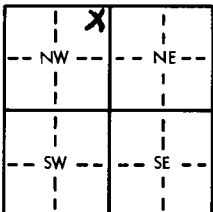


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

**WATER WELL RECORD**  
**KSA 82a-1201-1215**

Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

County: <u>Sedgwick</u>		Fraction: <u>SE NE 1/4 NE 1/4 NW 1/4</u>	Section number: <u>31</u>	Township number: <u>26</u>	Range number: <u>1</u>	<u>E</u> <u>N</u> <u>W</u>
1. Location of well:		2. Distance and direction from nearest town or city:		3. Owner of well: <u>Phil Knighton</u>		
Street address of well location if in city: <u>3711 Amidon Wichita, Ks.</u>				R.R. or street: <u>151 North Ridglwood</u>		
				City, state, zip code: <u>Wichita Kansas</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>11</u> in. Completion date <u>7-6-76</u>		
N 1 Mile W E S 1 Mile				Well depth <u>48</u> ft.		
5. Type and color of material		From	To	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		
<u>Sandy Soil</u>		<u>0</u>	<u>3</u>	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		
<u>Clay</u>		<u>3</u>	<u>9</u>	9. Casing: Material <u>SYRENE</u> Height: <u>above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>R</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>48</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.200</u>		
<u>medium Sand</u>		<u>9</u>	<u>48</u>	10. Screen: Manufacturer's name <u>SUNFLOWER PLASTIC</u> Type <u>SYRENE</u> Dia. <u>5"</u> Slot gauge <u>.06</u> Length <u>10 ft</u> Set between <u>38</u> ft. and <u>48</u> ft. _____ ft. and _____ ft. Gravel pack? <u>YES</u> Range of material <u>14 - 18</u>		
				11. Static water level: _____ mo./day/yr. <u>15</u> ft. below land surface Date <u>7-6-76</u>		
				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: <u>12 Capped</u> <input type="checkbox"/> Pitless adapter _____ Inches above grade		
				15. Well grouted? <u>YES</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>40'</u> to <u>14'</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)						
18. Elevation:	19. Remarks: <u>I flat Ground</u> <u>Septic Tank not installed</u> <u>when well was drilled</u> <u>No apparent source for Contamination.</u>		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. <u>HARP WELL PUMP 236</u> Business name <u>WICHITA, KANSAS</u> License No. _____ Address _____ Signed <u>M. Arnold</u> Date <u>8-18-76</u> Authorized representative			
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