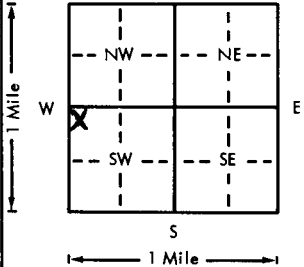


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 SE NE SE 1/4 NW 1/4 SW 1/4	Section number 31	Township number 26S	Range number 1E
2. Distance and direction from nearest town or city: 3261 Hood CT.		3. Owner of well: MARION APPLING			
Street address of well location if in city: WICHITA, KANSAS		R.R. or street: 3261 Hood CT.			
City, state, zip code: WICHITA, KANSAS					
4. Locate with "X" in section below: 		Sketch map:		6. Bore hole dia. 11 in. Completion date 7-26-76 Well depth 45 ft.	
5. Type and color of material		From	To	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	
SANDY SOIL		0	3	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	
CLAY		3	12	9. Casing: Material STYRENE Height Above or below Threaded <input checked="" type="checkbox"/> Welded GL Surface 12 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 5 in. to 45 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gage No. 1200	
MEDIUM SAND		12	45	10. Screen: Manufacturer's name SUNFLOWER PLASTIC Type STYRENE Dia. 5" Slot gauge .06 Length 30' Set between 35 ft. and 45 ft. ft. and <input type="checkbox"/> ft. Gravel pack? YES Size range of material 14-1/8"	
				11. Static water level: <input type="checkbox"/> mo./day/yr. 15 ft. below land surface Date 7-26-76	
				12. Pumping level below land surfaces: ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. 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: 12 CAPPED <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
				15. Well grouted? YES With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 40" to 14 ft.	
				16. Nearest source of possible contamination: CITY SEWER ft. 50 Direction SW Type SEWER 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	
		(Use a second sheet if needed)			
18. Elevation:	19. Remarks:		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 WICHITA, KANSAS License No. <input type="checkbox"/> Address WICHITA, KANSAS Signed M. Arnold Date 8-17-76 Authorized representative		
Topography: <input checked="" type="checkbox"/> Hill <input checked="" 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