WATER WELL RECORD KSA 82a-1201-1215

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

| County | | Fraction | Section r | number | Township number | Range number | Range number | |
|---|-------------------------------|----------------------------------|-----------|--------|--|---|------------------------------|--|
| 1. Location of well: | Sedgwick | 1/4 NE 1/4 NE 1/4 | 1 | | т 26 s | _R 2 | E/ | |
| 2. Distance and direction from nearest town or city. 2 miles North of B.P. or street: | | | | | oe Lee 228 Primrose ichita, Kansas | | | |
| 4. Locate with "X" i | Greenwi side of Wichita | the road the road , Kansas | | | 7Cable toolRotaryHollow rodJetted 8. Use:DomesticPIrrigationALawnC 9. Casing: MaterialY P Welded RMP P C ft. dep | BoredRever ublic supply Ind ir conditioning Sto iil field woter Ot Feight: Above or b Surface Weight th!Wall Thickness: ip | ustry lock her inlbs./ft. | |
| 5. Type and color of | material | | From | To | D.G | 113-34 : 101 | | |
| Topsoil | | | | 2 | Type styrene Dia. 5" Slot/sa/z . 00 Length . 00 | | | |
| Brown Clay | | | | 14 | Set betweenft. andft. | | | |
| Blue Shale | | | 14 | 80 | Gravel pack? yes Size ro | andange of material | 1/8" | |
| | | | | | 11. Static water level: ft. below land su | rface Date | <u>~28</u> -76 | |
| | | | | | 12. Pumping level below lan ft. afterft. after | hrs. pumping hrs. pumping mo. | g.p.m. g.p.m. /day/yr. | |
| | | | | | Pitless adapter 15. Well grouted? YES With: Neck Orient — Depth: From — ft. to | <u>"'</u> . | Concrete | |
| | | | | | 16. Negrest source of possible ft. Direction Well disinfected upon complete. Pump: | (est_Type _ 1 | eptic ank | |
| | | | | | Manufacturer's name Model number Length of drop pipe Type: | HP Vol | <u></u> B | |
| (Use a second sheet if needed) | | | | | Submersible Jet Centrifugal | Turbine Recipro Other | 1 1 | |
| 18. Elevation: Topography: Hill Slope Upland Valley | 19. Remarks: Flat Gro | ound | | | 20. Water well contractor's This well was drilled under n is true to the best of my know Harp Well Business name Address Signed Authorized re | y jurisdiction and this wledge and belief. Pump 2 Kan sas Lice | 236 | |