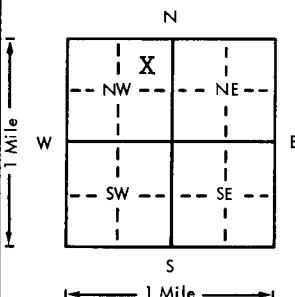


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>1/4 NE 1/4 NW 1/4</b>	Section number <b>32</b>	Township number <b>T 27 S R 1E E/W</b>	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>1602 McLean Blvd. Wichita, Kansas</b>			3. Owner of well: <b>Energy Test House</b> R.R. or street: <b>1602 McLean Blvd.</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>40</b> ft. <b>7-25-78</b>		
			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 checked="" 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 <b>Styrene</b> Height: Above or below _____ Threading <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>40</b> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth Gauge No. <b>200</b>		
5. Type and color of material			From	To	10. Screen: Manufacturer's name _____ <b>Sunflower Plastic</b> Type <b>styrene</b> Dia. <b>5"</b> Slot <b>1/16</b> in. <b>.06</b> Length <b>20'</b> Set between <b>20</b> ft. and <b>40</b> ft. _____ ft. and _____ ft. Gravel pack? <b>yes</b> Size range of material <b>1/4-1/8"</b>
<b>Sandy Topsoil</b>			<b>0</b>	<b>4</b>	11. Static water level: _____ mo./day/yr. <b>14</b> ft. below land surface Date <b>7-25-78</b>
<b>Brown Clay</b>			<b>4</b>	<b>8</b>	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.
<b>Fine Sand</b>			<b>8</b>	<b>15</b>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
<b>Coarse Sand</b>			<b>15</b>	<b>35</b>	14. Well head completion: <b>capped</b> <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade
<b>Blue Clay</b>			<b>35</b>	<b>40</b>	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>40"</b> ft. to <b>14</b> ft.
					16. Nearest source of possible contamination: <b>Sewer</b> ft. <b>50</b> Direction <b>North</b> Type <b>Line</b> 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
					18. Elevation:
					19. Remarks: <b>Flat Ground</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</b> <b>67209</b> Signed <b>M. Arnold</b> Date <b>8-3-78</b> Authorized representative

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5