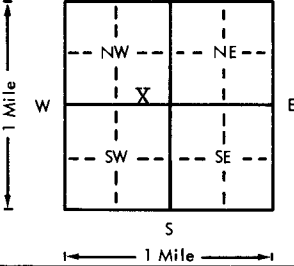


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>NE NE NE SW</b> 1/4 <del>SE</del> 1/4 <del>NW</del> 1/4	Section number <b>32</b>	Township number <b>T 27 S</b>	Range number <b>R 1E E/W</b>
2. Distance and direction from nearest town or city: <b>1945 Gold</b> Street address of well location if in city: <b>Wichita, Kansas</b>		3. Owner of well: <b>Jerry West</b> R.R. or street: <b>1945 Gold</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>4-14-78</b>	
5. Type and color of material		From		To	
		<b>Topsoil</b>		<b>0 3</b>	
		<b>Clay</b>		<b>3 10</b>	
		<b>Fine Sand</b>		<b>10 20</b>	
		<b>Medium Sand</b>		<b>20 25</b>	
<b>Fine Sand</b>		<b>25 31</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	
<b>Gray Shale</b>		<b>31 40</b>		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	
(Use a second sheet if needed)				9. Casing: Material <b>styrene</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> 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>	
				10. Screen: Manufacturer's name _____ <b>Sunflower Plastic</b> Type <b>styrene</b> Dia. <b>5"</b> Slot/opening <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>1/8-1/4"</b>	
				11. Static water level: _____ mo./day/yr. <b>15</b> ft. below land surface Date <b>4-14-78</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.	
				13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____	
				14. Well head completion: <b>capped</b> Pitless adapter <b>12</b> Inches above grade	
				15. Well grouted? <b>yes 1-2 Fine Sand Mix</b> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>40"</b> ft. to <b>14</b> ft.	
				16. Nearest source of possible contamination: ft. <b>20</b> Direction <b>North</b> Type <b>Sewer</b> City _____ 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>  <b>From #16 above</b> <b>PVC watertight City Sewer Line</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>4-14-78</b> Authorized representative		

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

Form WWC-5