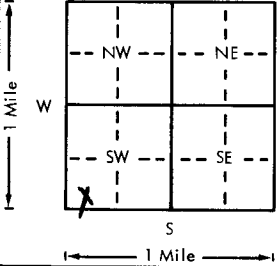


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>SW NW 1/4 SW 1/4 SW 1/4</b>	Section number <b>7</b>	Township number <b>T 27 S</b>	Range number <b>R 2E E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:		3. Owner of well: <b>George Clark</b> R.R. or street: <b>357 Lulu</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 <b>7-19-78</b> Well depth <b>110</b> ft.			
5. Type and color of material		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			
Topsoil		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			
Brown clay		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 <input type="checkbox"/> lbs./ft. Dia. <b>5</b> in. to <b>110</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>200</b>			
		10. Screen: Manufacturer's name <b>Sunflower plastic</b> Type <b>styrene</b> Dia. <b>5"</b> Slot/gauge <b>.06</b> Length <b>90'</b> Set between <b>20</b> ft. and <b>110</b> ft. Gravel pack <input checked="" type="checkbox"/> Size range of material <b>1/4-1/8"</b>			
		11. Static water level: <input type="checkbox"/> mo./day/yr. <b>20</b> ft. below land surface Date <b>7-19-78</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. <input type="checkbox"/> Yes <input type="checkbox"/> No Date ____			
		14. Well head completion: <b>12</b> well seal <input type="checkbox"/> Pitless adapter ____ inches above grade			
		15. Well grouted <input checked="" type="checkbox"/> yes <b>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>City</b> ft. <b>50</b> Direction <b>North</b> Type <b>Sewer</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Burks</b> Model number <b>unknown</b> HP <b>1/2</b> Volts <b>230</b> Length of drop pipe <b>100</b> ft. capacity <b>8</b> g.p.m. Type: <input checked="" 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:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<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>11-29-78</b> Authorized representative			

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

Form WWC-5