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

WATER WELL RECORD
KSA 82a-1201-1215

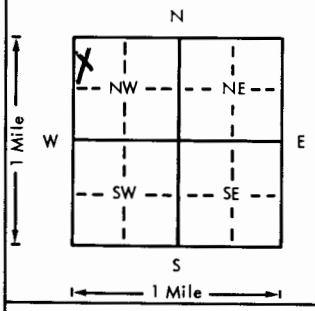
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	NW SW NW SW 1/4 1/4 1/4	25	T 27 S	R 2 E

2. Distance and direction from nearest town or city:
Street address of well location if in city: 14401 Willow Bend Wichita, Kansas

3. Owner of well: Dr. Ron Barth
R.R. or street: 14401 Willow Bend
City, state, zip code: Wichita, Kansas

4. Locate with "X" in section below: Sketch map:



6. Bore hole dia. 11 in. Completion date 8-17-76
Well depth 75 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
X Irrigation __ Air conditioning __ Stock
X Lawn __ Oil field water __ Other

9. Casing: Material styrene Weight: Above or below ////
Threaded ____ Welded gl Surface 12 in.
RMP X PVC ____ Weight ____ lbs./ft.
Dia. 5 in. to 75 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. .200

5. Type ond color of material	From	To
Sandy Topsoil	0	3
Clay	3	15
Shale	15	75
(Use a second sheet if needed)		

10. Screen-Manufacturer's name Sunflower Plastic
Type styrene Dia. 5"
Slot/gauze .06 Length 60'
Set between 15 ft. and 75 ft.
____ ft. and ____ ft.
Gravel pack? yes Size range of material 1-1/8"

11. Static water level: mo./day/yr.
15 ft. below land surface Date 8-17-76

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 __ No Date ____

14. Well head completion: capped
__ Pitless adapter 12 Inches above grade

15. Well grouted? yes
With: __ Neat cement __ Bentonite X Concrete
Depth: From 40' ft. to 14 ft.

16. Nearest source of possible contamination: Septic
ft. 60 Direction SE Type tank
Well disinfected upon completion? X Yes __ No

17. Pump: X Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:

Topography:
__ Hill
X Slope
__ Upland
__ Valley

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 License No.
Address Wichita, Kansas
Signed M. Arnold Date 8-28-76
(Authorized representative)

T 27 R 2 E Sec 25 NW 1/4 1/4 1/4

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

Form WWC-5

M1-1023