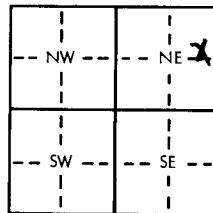


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Sedgwick	Fraction 1/4 NE 1/4 NE 1/4	Section number 34	Township number T 27 S	Range number R 2E E/W	
2. Distance and direction from nearest town or city: Street address of well location if in city: 1727 South 127th East Wichita, Kansas			3. Owner of well: Robert Dugan R.R. or street: 1727 South 127th East City, state, zip code: Wichita, Kansas 67207				
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. 11 in. Completion date 12-5-78 Well depth 60 ft.			
5. Type and color of material		From	To	7. ☒ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary			
Topsoil		0	3	8. Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☐ Lawn ☐ Oil field water ☐ Other			
Clay		3	6	9. Casing: Material Styrene Height: Above or below Threaded ☐ Welded ☒ Surface 12 in. RMP ☒ PVC ☐ Weight ☐ lbs./ft. Dia. 5 in. to 60 ft. depth Wall Thickness: ☐ inches or Dia. ☐ in. to ☐ ft. depth gage No. .200			
Grown shale		6	32	10. Screen: Manufacturer's name Sunflower plastic Type styrene Dia. 5" Slot/gage .06 Length 40' Set between 20 ft. and 60 ft. Gravel pack? yes Size range of material 1/4-1/8"			
Grey shale		32	60	11. Static water level: 18 ft. below land surface Date 12-5-78			
				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: ☐ Pitless adapter 12 capped Inches above grade			
				15. Well grouted? yes 1-2 fine sand mix With: ☐ Neat cement ☐ Bentonite ☒ Concrete Depth: From 40" ft. to 14 ft.			
				16. Nearest source of possible contamination: ft. 30 Direction S.W. Type Septic Well disinfected upon completion? ☒ Yes tank No			
				17. Pump: ☒ 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			
(Use a second sheet if needed)							
18. Elevation: Topography: ☐ Hill ☐ Slope ☐ Upland ☐ Valley	19. Remarks: Flat ground			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 67209 Signed M. Arnold Date 12-15-78 Authorized representative			

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

Form WWC-5