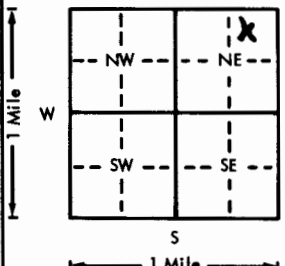


USE TYPEWRITER OR BALL
POINT PEN—PRESS FIRMLY,
PRINT CLEARLY.

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 <u>Butler</u>	Fraction <u>NW 1/4 NE 1/4 NE 1/4</u>	Section number <u>30</u>	Township number T <u>27</u> S R <u>3</u> E	Range number <u>0</u>
2. Distance and direction from nearest town or city:		<u>814 Allen</u>		3. Owner of well: <u>R.O. Arnold & Son Constr.</u>		
Street address of well location if in city:		<u>Wichita, Kans.</u>		R.R. or street: <u>14405 Willowbend Circle</u>		
City, state, zip code:		<u>Wichita, Kansas</u>				
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>11</u> in. Completion date <u>1-15-76</u>		
				Well depth <u>81</u> ft.		
5. Type and color of material		From		To		7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug
<u>Dirt</u>		<u>0</u>		<u>3</u>		<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary
<u>Clay</u>		<u>3</u>		<u>5</u>		8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry
<u>Limestone</u>		<u>5</u>		<u>45</u>		<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock
<u>Shale</u>		<u>45</u>		<u>81</u>		<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
						9. Casing: Material <u>Steel</u> Height <u>12</u> in. Above or below
						Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in.
						RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>12</u> lbs./ft.
						Dia. <u>5</u> in. to <u>81</u> ft. depth Wall Thickness: inches or
						Dia. <u>5</u> in. to <u>81</u> ft. depth Gauge No. <u>200</u>
						10. Screen: Manufacturer's name <u>Sunflower Plastic</u>
						Type <u>Styrene</u> Dia. <u>5</u> in.
						Slot/gauze <u>0.06</u> Length <u>40</u> ft.
						Set between <u>41</u> ft. and <u>81</u> ft.
						Gravel pack? <u>Yes</u> Size range of material <u>1/4 - 1/8</u> in.
						11. Static water level: <u>36</u> ft. below land surface Date <u>1-15-76</u>
						12. Pumping level below land surfaces:
						<u>36</u> ft. after <u>1</u> hrs. pumping <u>36</u> g.p.m.
						<u>36</u> ft. after <u>1</u> hrs. pumping <u>36</u> g.p.m.
						Estimated maximum yield <u>36</u> g.p.m.
						13. Water sample submitted: <u>Yes</u> No Date
						14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade
						15. Well grouted: <u>Yes</u>
						With: <u>Neat cement</u> <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete
						Depth: From <u>40</u> ft. to <u>14</u> ft.
						16. Nearest source of possible contamination:
						ft. <u>80</u> Direction <u>SW</u> Type <u>Drain</u>
						Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						17. Pump:
						Manufacturer's name <u>Sta. - Rite</u> Not installed
						Model number <u>LP602</u> HP <u>3/4</u> Volts <u>230</u>
						Length of drop pipe <u>60</u> ft. capacity <u>20</u> 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:		20. Water well contractor's certification:		
Topography:				This well was drilled under my jurisdiction and this report		
<input checked="" type="checkbox"/> Hill				is true to the best of my knowledge and belief.		
<input type="checkbox"/> Slope				<u>Ward Well Pump 236</u>		
<input type="checkbox"/> Upland				Business name <u>Ward Well Pump</u> License No. <u>236</u>		
<input type="checkbox"/> Valley				Address <u>Wichita, Kansas</u>		
				Signed <u>M. Arnold</u> Date <u>1-17-76</u>		
				Authorized representative		

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

Form WWC-5