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

WATER WELL RECORD
KSA 82a-1201-1215

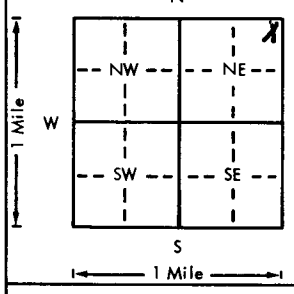
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Konsas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	1/4 NE 1/4 NE 1/4	20	T 28 S	R 1 E/W

2. Distance and direction from nearest town or city:
Street address of well location if in city: 103 E. 43 St. So. Wichita, Kans.

3. Owner of well: Jim Foster
R.R. or street: 103 East 43rd St. So.
City, state, zip code: Wichita, Kansas

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



6. Bore hole dia. 11 in. Completion date 6-16-76
Well depth 40 ft.

7. ___ Cable tool ✓ Rotary ___ Driven ___ Dug
___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary

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

9. Casing: Material STYRENE Weight ___ Above or below
Threaded ___ Welded GL surface 12 in.
RMP ✓ PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 40 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 1200

5. Type and color of material	From	To
Sandy Topsoil	0	3
Fine Sand	3	16
Medium Sand	16	30
Blue Shale	30	40

(Use a second sheet if needed)

10. Screen: Manufacturer's name SUNFLOWER PLASTIC
Type STYRENE Dia. 5"
Slot/Gauze .106 Length 20 ft
Set between 20 ft. and 40 ft.
___ ft. and ___ ft.
Gravel pack? YES Size ronge of material 1/4-1/8"

11. Static water level: mo./day/yr.
15 ft. below land surface Date 6-16-76

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 ✓ Concrete
Depth: From 40 ft. to 14 ft.

16. Nearest source of possible contamination: Septic
ft. 75 Direction SE Type Tank
Well disinfected upon completion? ✓ Yes ___ 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

18. Elevation:

Topography:
___ Hill
___ Slope
___ Upland
___ Valley

19. Remarks: Flat Ground
pump not installed at this time.

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 8-12-76
Authorized representative

T 28 R 1 E/W Sec 20 1/4 1/4 1/4 NE NE

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

Form WWC-5

M1-1023