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

WATER WELL RECORD
KSA 82a-1201-1215

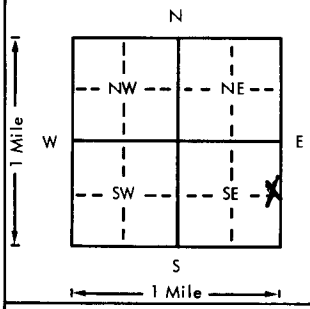
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	1/4 NE 1/4 SE 1/4	24	T 28 S	R 1E E/W

2. Distance and direction from nearest town or city: 5355 South Woodlawn
Street address of well location if in city: Derby, Kansas

3. Owner of well: Guy Munroe
R.R. or street: 5355 South Woodlawn
City, state, zip code: Derby, Kansas

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 11 in. Completion date _____
Well depth 60 ft. 10-19-78

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

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

9. Casing: Material Styrene Height: Above or below ///
Threaded ____ Welded gl Surface 12 in.
RMP X PVC ____ Weight ____ lbs./ft.
Dia. 5 in. to 60 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. .200

5. Type and color of material	From	To
Topsoil	0	2
Brown clay	2	18
Light tan clay	18	46
Fine sand	46	47
Light tan shale(soft)	47	60

(Use a second sheet if needed)

10. Screen: Manufacturer's name Sunflower plastic
Type styrene Dia. 5"
Slot/gauze .06 Length 20'
Set between 40 ft. and 60 ft.
____ ft. and ____ ft.
Gravel pack? yes Size range of material ¼-1/8"

11. Static water level: mo./day/yr.
30 ft. below land surface Date 10-19-78

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: capped
____ Pitless adapter 12 Inches above grade

15. Well grouted? yes 1-2fine sand mix
With: ____ Neat cement ____ Bentonite X Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 75 Direction South Type Septic
Well disinfected upon completion? X Yes tank 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
____ 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.
Business name Harp Well & Pump License No. 236
Address Wichita, Kansas 67209
Signed M. Arnold Date 10-25-78
Authorized representative

T 28 R 1 E/W Sec 24 1/4 1/4 1/4 NE SE

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

Form WWC-5

MI-1023