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

WATER WELL RECORD
KSA 82a-1201-1215

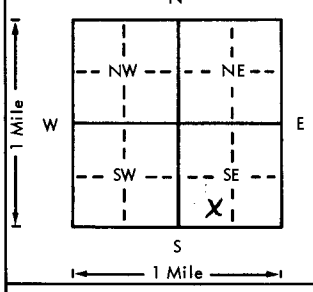
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well: County: SEDGWICK | Fraction: SE 1/4 SW 1/4 SE 1/4 | Section number: 28 | Township number: T 28 S | Range number: R 1 E/W

2. Distance and direction from nearest town or city: 6155 S. PATTIE
Street address of well location if in city: WICHITA, KANSAS

3. Owner of well: O. HICKERSON
R.R. or street: 6155 S. PATTIE
City, state, zip code: WICHITA, KANSAS

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. ___ in. Completion date 6-11-76
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 Height above or below
Threaded ___ Welded ___ 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. 1300

5. Type and color of material	From	To
TOPSOIL	0	3
BROWN CLAY	3	14
FINE SAND	14	22
MEDIUM SAND	22	36
BLUE SHALE	36	40

(Use a second sheet if needed)

10. Screen: Manufacturer's name SUNFLOWER PLASTIC
Type STYRENE Dia. 5"
Slot/gauze .06 Length 15'
Set between 25 ft. and 40 ft.
___ ft. and ___ ft.
Gravel pack? YES Size range of material 1/4 - 1/8 "

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

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:
ft. 75 Direction NORTH Type SEPTIC
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

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
Signed Mary Arnold Authorized representative Date 8-16-76

28 T — 1 R — 10 E/W — 28 Sec — SE 1/4 SW 1/4 SE 1/4

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

Form WWC-5

MI-1023