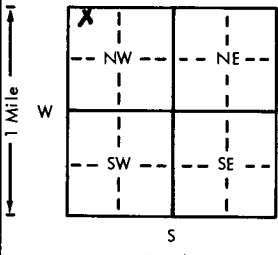


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 NW 1/4 NW 1/4	Section number 35	Township number T 28 S R 1E E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:		3329 E. 63rd S. Derby, Kansas		3. Owner of well: R.R. or street: City, state, zip code: D. E. Cook R. R. #2 Derby, Kansas	
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. 11 in. Completion date 10-4-77 Well depth 30 ft.	
5. Type and color of material		From	To	7. ☒ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary	
Topsoil (Sandy)		0	2	8. Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☐ Lawn ☐ Oil field water ☐ Other	
Fine Sand		2	14	9. Casing: Material styrene Height: Above or below Threaded ☐ Welded ☒ Surface 12 in. RMP ☒ PVC ☐ Weight ☐ lbs./ft. Dia. 5 in. to 30 ft. depth Wall Thickness: inches or Dia. ☐ in. to ☐ ft. depth Gauge No. 200	
Medium Sand		14	19	10. Screen: Manufacturer's name Sunflower Plastic Type Styrene Dia. 5" Slot/gauge .06 Length 15' Set between 15 ft. and 30 ft. Gravel pack? ☒ Size range of material 1/4-1/8"	
Gray Clay and Shale		19	30	11. Static water level: 14 ft. below land surface Date 10-4-77 mo./day/yr.	
				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: 12 capped ____ Pitless adapter ____ 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: Septic ft. 100 Direction East 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	
		(Use a second sheet if needed)			
18. Elevation:	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 Wichita, Kansas License No. ____ Address ____ Signed M. Arnold Date 10-6-77 Authorized representative		
Topography: ____ Hill ____ Slope ____ Upland ____ Valley					

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

Form WWC-5