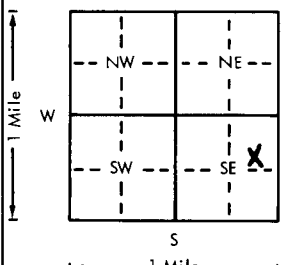


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 NE 1/4 SE 1/4	Section number 1	Township number T 28 S	Range number R 2E E/W
2. Distance and direction from nearest town or city: West of 159th East between Pawnee and 31st South, Lot 26; Pony Meadows.			3. Owner of well: Wayne Stewart R.R. or street: 501 Topaz City, state, zip code: Wichita, Kansas		
4. Locate with "X" in section below: 			Sketch map: Wichita, Kansas		
5. Type and color of material			From	To	6. Bore hole dia. 11 in. Completion date 8-21-78 Well depth 95 ft.
Topsoil			0	3	7. Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary
Brown clay			3	7	8. Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☐ Lawn ☐ Oil field water ☐ Other
Light tan clay			7	17	9. Casing: Material Styrene Height: Above or below Threaded ☐ Welded ☒ Surface 12 in. RMP ☒ PVC ☐ Weight ☐ lbs./ft. Dia. 5 in. to 95 ft. depth Wall Thickness: inches or Dia. ☐ in. to ☐ ft. depth gage No. 200
Light tan shale (soft)			17	30	10. Screen—Manufacturer's name Sunflower plastic Type styrene Dia. 5" Slot/gauge .06 Length 60' Set between 35 ft. and 95 ft. Gravel pack? yes Size range of material 1/4-1/8"
Light grey shale			30	91	11. Static water level: ☐ mo./day/yr. 32 ft. below land surface Date 8-21-78
Blue shale mixed with white limestone			91	95	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: None ft. ____ Direction ____ Type ____ 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:		20. Water well contractor's certification:		
Topography: ☒ Hill ☒ Slope ☐ Upland ☐ Valley	Septic system not installed at this time No apparent source for contamination		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. 67209 Address M. Arnold Signed M. Arnold Date 10-3-78 Authorized representative		

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

Form WWC-5