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

WATER WELL RECORD
KSA 82a-1201-1215

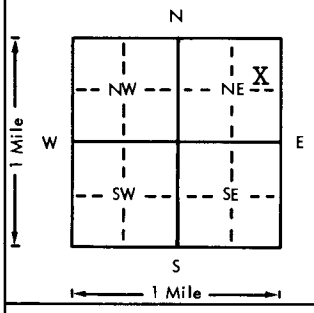
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	SEDGWICK	1/4 NE 1/4 NE 1/4	24	T 28 S	R 2E E/W

2. Distance and direction from nearest town or city: 47th S. and 159th E. (Paul's Valley)
Street address of well location if in city: 1st Rd. E. and 1st

3. Owner of well: Max Reimschisel Construction
R.R. or street: 4421 Del Sienno
City, state, zip code: Wichita, Kansas

4. Locate with "X" in section below:



Sketch map:
Lot South.
Wichita, Kansas

6. Bore hole dia. 11 in. Completion date
Well depth 90 ft. 4-14-78

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 90 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
Gray Clay	18	23
Blue Shale	23	90

(Use a second sheet if needed)

10. Screen: Manufacturer's name Sunflower Plastic
Type styrene Dia. 5"
Slot/gauze .06 Length 60'
Set between 30 ft. and 90 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 1/4-1/8"

11. Static water level: mo./day/yr.
11 ft. below land surface Date 4-14-78

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 40" ft. to 14 ft.

16. Nearest source of possible contamination:
ft. ___ Direction ___ Type NONE
Well disinfected upon completion? X Yes ___ 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

T 28 R 2 W Sec 24 1/4 NENE

18. Elevation:
Topography:
___ Hill
___ Slope
___ Upland
___ Valley

19. Remarks:
Flat Ground
Septic System not installed at this time.
No apparent source for contamination.

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 4-21-78
Authorized representative

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

Form WWC-5

MI-1023