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

WATER WELL RECORD
KSA 82a-1201-1215

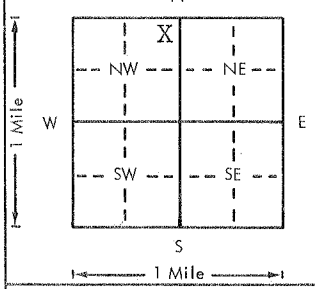
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	SEDGWICK	NE 1/4 NE 1/4 NW 1/4	26	T 28 S	R 2E E/W

2. Distance and direction from nearest town or city: 13401 E. 55th St. Wichita, Kansas
Street address of well location if in city:

Owner of well: Don Woods Const.
R.R. or street: 1508 Georgia
City, state, zip code: Wichita, Kansas

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 11 in. Completion date
Well depth 100 ft. 5-8-79

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 100 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .200

5. Type and color of material	From	To
Topsoil	0	3
Clay	3	11
Brown Shale	11	48
Grey Shale	48	83
Limestone	83	100
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Sunflower Plastic
Type Styrene Dia. 5"
Slot/~~dazz~~ .06 Length 60'
Set between 40 ft. and 100 ft.
ft. and ft.
Gravel pack? yes Size range of material 1/4-1/8"

11. Static water level: mo./day/yr.
25 ft. below land surface Date 5-8-79

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:
X 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. 100 Direction West Type Lagoon
Well disinfected upon completion? X Yes ___ No

17. Pump: ___ Not installed
Manufacturer's name Jacuzzi
Model number 7S4C HP 3/4 Volts 230
Length of drop pipe 55 ft. capacity 20 g.p.m.
Type:
X 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.
Harp Well & Pump 236
Business name License No.
Address Wichita, Kansas 67209
Signed M. Arnold Date 5-7-79
Authorized representative

T 28 R 2W Sec 26 NE 1/4 NE 1/4 NW 1/4

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

Form WWC-5

MI-1023