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

WATER WELL RECORD
KSA 82a-1201-1215

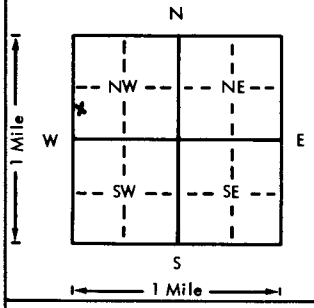
Kansas Department of Heolth and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	1/4 SW 1/4 NW 1/4	32	T 28 S	R 2 E/W

2. Distance and direction from nearest town or city: 6600 S. Lock Rd.
Street address of well location if in city: Derby, Kansas

3. Owner of well: Olin Moore 6600 South Lock Rd
R.R. or street: 6600 South Lock Rd
City, state, zip code: Derby, Kansas

4. Locate with "X" in section below: Sketch map:



6. Bore hole dia. 11 in. Completion date 2-2-76
Well depth 90 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
X Irrigation __ Air conditioning __ Stock
X Lawn __ Oil field water __ Other

9. Casing: Material Stepped Height: Above or below
Threaded __ Welded __ 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	6
Clay	6	37
Fine Sand	37	47
Clay	47	49
Medium Sand	49	55
Blue Shale	55	90

10. Screen: Manufacturer's name Sunflower Plastics
Type Stepped Dia. 5
Slot/gauze 100 Length 40
Set between 50 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.
44 ft. below land surface Date 2-2-76

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 X Concrete
Depth: From 40 ft. to 14 ft.

16. Nearest source of possible contamination:
ft. 150 Direction SE Type Lagoon
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

(Use a second sheet if needed)

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 repart is true to the best of my knowledge and belief.
Business name Harpell Hump License No. 236
Address Wichita Kans
Signed M. Arnold Date 2-4-76
Authorized representative

T 28 R 2 E/W Sec 32 1/4 SW 1/4 NW 1/4

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

Form WWC-5

MI-1023