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

WATER WELL RECORD
KSA 82a-1201-1215

SE NE SENE

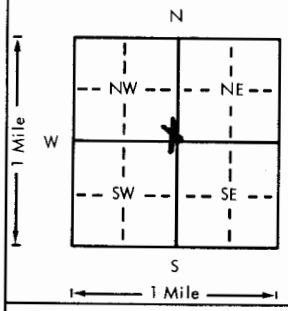
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
X	Sedgwick	~~SE~~ 1/4 S 1/4 ~~NW~~ 1/4	11	T 28 S	R 2 ~~W~~ EAST E/W

2. Distance and direction from nearest town or city:
X ½ South of 31st on the West side of 143rd
Street address of well location if in city:
East. Wichita, Kansas

3. Owner of well:
R.R. or street:
City, state, zip code:
Dude Dyer
2230 Aloma
Wichita, Kansas

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



6. Bore hole dia. 11 in. Completion date
Well depth 85 ft. 10-2-78

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

8. Use: ___ Domestic ___ Public supply ___ Industry
___ Irrigation ___ Air conditioning ___ Stock
X 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 85 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	15
Brown shale	15	85
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Sunflower plastic
Type styrene Dia. 5"
Slot/gauge .06 Length 40'
Set between 45 ft. and 85 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material ¼-1/8"

11. Static water level: mo./day/yr.
40 ft. below land surface Date 10-2-78

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

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.
Harp Well & Pump 236
Business name License No.
Address Wichita, Kansas 67209
Signed M. Arnold Date
Authorized representative 10-78

T 28 R 2 W E Sec 11 1/4 1/4 1/4 SE NE NW

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

Form WWC-5

MI-1023