Sent 5-24-77

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

WATER WELL RECORD
KSA 82a-1201-1215

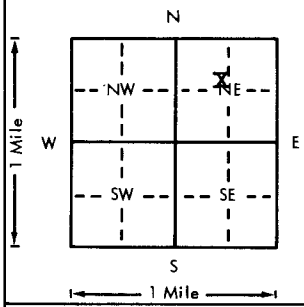
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	SE 1/4 NW 1/4 NE 1/4	4	T 29 S	R 1E E/W

2. Distance and direction from nearest town or city: 7348 South Pattie
Street address of well location if in city: Wichita, Kansas

3. Owner of well: Don Helt
R.R. or street: 7348 South Pattie
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 40 ft. 4-14-77

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

5. Type and color of material	From	To
Topsoil (Sandy)	0	3
Fine Sand	3	13
Medium Sand	13	40
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Sunflower Plastic
Type Styrene Dia. 5"
Slot/gauze .06 Length 20'
Set between 20 ft. and 40 ft.
___ ft. and ___ ft.
Gravel pack? Yes Size range of material 1-1/8"

11. Static water level: mo./day/yr.
15 ft. below land surface Date 4-14-77

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: Septic
ft. ~~40~~ 50 Direction East Type Tank
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
X Upland
__ Valley

19. Remarks:

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
Signed M. Arnold Date
Authorized representative 4-30-77

T 29 R 1 W Sec 4 1/4 SE 1/4 NW 1/4 NE

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

Form WWC-5

MI-1023