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

WATER WELL RECORD
KSA 82a-1201-1215

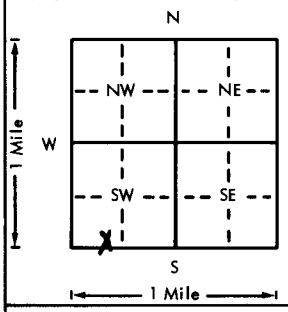
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	SE 1/4 SW/4 SW/4	23	T 29 S	R 1 E W

2. Distance and direction from nearest town or city: 3418 E. 103 S. Ct.
Street address of well location if in city: Wichita Kans.

3. Owner of well: Bob Ward
R.R. or street: 4625 So. Seneca
City, stote, zip code: Wichita, Kansas

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



6. Bore hole dia. 4 in. Completion date 8-27-75
Well depth 45 ft.

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

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

9. Casing: Material Styrene Height: Above or below
Threaded ___ Welded ___ Surface 12 in.
RMP ✓ PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 45 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 120

5. Type and color of material	From	To
Topsoil	0	3
Fine Sand	3	20
Medium Sand	20	45

10. Screen: Manufacturer's name Sunflower Plastics
Type Styrene Dia. 5"
Slot gauze .005 Length 10'
Set between 35 ft. and 45 ft.
___ ft. and ___ ft.
Gravel pack? Yes Size range of material 1/4-1/8"

11. Static water level: mo./day/yr.
15 ft. below land surface Date 8-27-75

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

16. Nearest source of possible contamination: Septic
ft. 100 Direction S.W. Type Tank
Well disinfected upon completion? ✓ Yes ___ No

17. Pump: ✓ 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 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 8-29-75
Authorized representative

T ___ R ___ E W Sec ___ 1/4 ___ 1/4 ___ 1/4

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

Form WWC-5

M1-1023