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

WATER WELL RECORD
KSA 82a-1201-1215

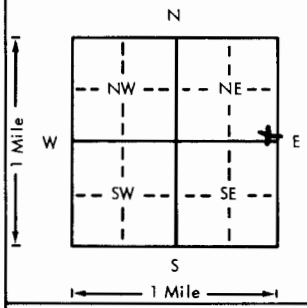
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	1/4 SE 1/4 NE 1/4	26	T 29 S	R 1E E/W

2. Distance and direction from nearest town or city:
2 miles West of Mulvane then 1½ miles
Street address of well location if in city:
North on the West side of Road.

3. Owner of well: Oliver Laurie
R.R. or street: Rt. #2 Box 379
City, state, zip code: Mulvane, Kansas

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



5. Type and color of material	From	To
Sandy topsoil	0	3
Brown clay	3	8
Fine sand	8	25
Coarse sand	25	43
Blue shale	43	45

(Use a second sheet if needed)

6. Bore hole dia. 11 in. Completion date
Well depth 45 ft. 8-14-78

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

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

9. Casing: M PVC Height: Above or ~~below~~
Threaded ___ Welded ___ Surface 12 in.
RMP ___ PVC X Weight 3.96 lbs./ft.
Dia. 6 in. to 45 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .316

10. Screen: Manufacturer's name PVC NSF approved 200 PSI
Type PVC 200 PSI Dia. 6"
Slot/~~gauze~~ .06 Length 15'
Set between 30 ft. and 45 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material ¼-1/8"

11. Static water level: mo./day/yr.
12 ft. below land surface Date 8-14-78

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 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 120 Direction S.E. Type Septic
Well disinfected upon completion? X Yes tank 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

T 29 S R 1 E W Sec 26 1/4 1/4 1/4 SENE

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.
Business name Harp Well & Pump License No. 236
Address Wichita, Kansas 67209
Signed M. Arnold Date
Authorized representative 11-30-78

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

Form WWC-5

MI-1023