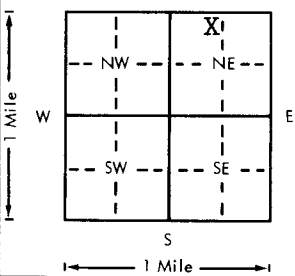


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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<br><b>SEDGWICK</b>       | Fraction<br><b>1/4NW 1/4NE 1/4</b>                                                                                                     | Section number<br><b>12</b>                                                                                                                                                                                                                                                                                                                         | Township number<br><b>T 29 S R 2E E/W</b>                                                                                                                                                                                                                                                                                                                                                                                                             | Range number |
| 2. Distance and direction from nearest town or city: <b>15511 E. 79th So. Derby, Kansas</b>                                                          |  |                                 | 3. Owner of well: <b>The Warren Company</b><br>R.R. or street: <b>637 No. Baltimore</b><br>City, state, zip code: <b>Derby, Kansas</b> |                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |
| 4. Locate with "X" in section below:<br>                            |  |                                 | Sketch map:                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |
| 5. Type and color of material                                                                                                                        |  |                                 | From                                                                                                                                   | To                                                                                                                                                                                                                                                                                                                                                  | 6. Bore hole dia. <b>11</b> in. Completion date <b>4-21-78</b><br>Well depth <b>95</b> ft.                                                                                                                                                                                                                                                                                                                                                            |              |
| <b>Topsoil</b>                                                                                                                                       |  |                                 | <b>0</b>                                                                                                                               | <b>3</b>                                                                                                                                                                                                                                                                                                                                            | 7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary                                                                                                                                               |              |
| <b>Clay</b>                                                                                                                                          |  |                                 | <b>3</b>                                                                                                                               | <b>20</b>                                                                                                                                                                                                                                                                                                                                           | 8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other                                                                                                |              |
| <b>Gray Shale</b>                                                                                                                                    |  |                                 | <b>20</b>                                                                                                                              | <b>95</b>                                                                                                                                                                                                                                                                                                                                           | 9. Casing: Material <b>styrene</b> Height: Above or below<br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in.<br>RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft.<br>Dia. <b>5</b> in. to <b>95</b> ft. depth Wall Thickness: inches or<br>Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>200</b> |              |
|                                                                                                                                                      |  |                                 |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                     | 10. Screen: Manufacturer's name<br><b>Sunflower Plastic</b><br>Type <b>styrene</b> Dia. <b>5"</b><br>Slot <b>1/4"</b> Length <b>75'</b><br>Set between <b>20</b> ft. and <b>95</b> ft.<br>ft. and <b>1-1/8"</b> ft.<br>Gravel pack? <b>yes</b> Size range of material <b>1/4-1/8"</b>                                                                                                                                                                 |              |
|                                                                                                                                                      |  |                                 |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                     | 11. Static water level: <b>15</b> ft. below land surface Date <b>4-21-78</b> mo./day/yr.                                                                                                                                                                                                                                                                                                                                                              |              |
|                                                                                                                                                      |  |                                 |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                     | 12. Pumping level below land surfaces:<br>ft. after hrs. pumping g.p.m.<br>ft. after hrs. pumping g.p.m.<br>Estimated maximum yield g.p.m.                                                                                                                                                                                                                                                                                                            |              |
|                                                                                                                                                      |  |                                 |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                     | 13. Water sample submitted: mo./day/yr.<br>Yes No Date                                                                                                                                                                                                                                                                                                                                                                                                |              |
|                                                                                                                                                      |  |                                 |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                     | 14. Well head completion: <b>capped</b><br>Pitless adapter <b>12</b> inches above grade                                                                                                                                                                                                                                                                                                                                                               |              |
|                                                                                                                                                      |  |                                 |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                     | 15. Well grouted? <b>yes 1-2 Fine Sand Mix</b><br>With: Neat cement Bentonite <input checked="" type="checkbox"/> Concrete<br>Depth: From <b>40"</b> ft. to <b>14</b> ft.                                                                                                                                                                                                                                                                             |              |
|                                                                                                                                                      |  |                                 |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                     | 16. Nearest source of possible contamination:<br>ft. <b>50</b> Direction <b>S.W.</b> Type <b>septic</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                      |              |
|                                                                                                                                                      |  |                                 |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                     | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name<br>Model number HP Volts<br>Length of drop pipe ft. capacity g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other                                                                |              |
|                                                                                                                                                      |  |                                 |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                     | (Use a second sheet if needed)                                                                                                                                                                                                                                                                                                                                                                                                                        |              |
| 18. Elevation:                                                                                                                                       |  | 19. Remarks: <b>Flat Ground</b> |                                                                                                                                        | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Harp Well &amp; Pump</b> <b>236</b><br>Business name License No.<br>Address <b>Wichita, Kansas 67209</b><br>Signed <b>M. Arnold</b> Date <b>6-2-78</b><br>Authorized representative |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley |  |                                 |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |

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

Form WWC-5