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

WATER WELL RECORD
KSA 82a-1201-1215

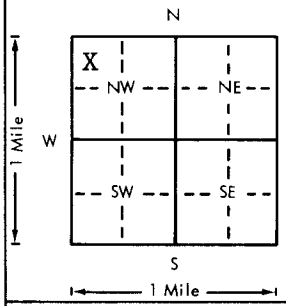
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	SEDGWICK	1/4 NW 1/4 ~~NW~~ SW 1/4	18	T 29 S	R 2E E/W

2. Distance and direction from nearest town or city: #3 Madapalla Dr. Derby, Kansas
Street address of well location if in city:

3. Owner of well: Confederated Builders Inc.
R.R. or street: 503 N. Buckner
City, state, zip code: Derby, Kansas

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



6. Bore hole dia. 11 in. Completion date ____
Well depth 90 ft. 7-6-78

7. __ Cable tool X Ratary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse ratary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field woter __ 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 90 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
Brown Clay	3	12
Light Tan Clay	12	35
Fine Sand	35	56
Blue Shale	~~56~~	~~90~~
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Sunflower Plastic
Type styrene Dia. 5"
Slot/gauge .06 Length 38'
Set between 52 ft. and 90 ft.
____ ft. and ____ ft.
Gravel pack? yes Size range of material ¼-1/8"

11. Static water level: ma./day/yr.
38 ft. below land surface Date 7-6-78

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 Cancrete
Depth: From 40" ft. to 14 ft.

16. Nearest source of passible 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
X Slope
__ Upland
__ Valley

19. Remarks:
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 8-2-78
Authorized representative

T 29 R 2 E/W Sec 18 1/4 1/4 1/4 1/4

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

Form WWC-5

MI-1023