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

WATER WELL RECORD
KSA 82a-1201-1215

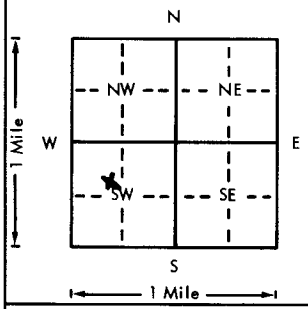
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

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

2. Distance and direction from nearest town or city: #5 Malpalla Madapalla
Street address of well location if in city: Derby, Kansas

3. Owner of well: Bill McCabe
R.R. or street: #5 Malpalla
City, state, zip code: DErby, Kansas

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



6. Bore hole dia. 11 in. Completion date 11-11-77
Well depth 73 ft.

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

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

9. Casing: Material styrene Weight: Above or below ////
Threaded X Welded ___ Surface 12 in.
RMP ___ PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 73 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
Clay	3	35
Fine Sand	35	53
Gray Shale	53	73
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Sunflower Plastic
Type styrene Dia. 5"
Slot/gauge 48 .06 Length 25'
Set between ___ ft. and 73 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material ¼-1/8"

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

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 1-2 fine sand mix
With: ___ Neat cement ___ Bentonite X Concrete
Depth: From 40' ft. to 14 ft.

16. Nearest source of possible contamination: NONE
ft. ___ Direction ___ Type ___
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 Serv. 236
Business name Wichita, Kansas License No.
Address ___
Signed M. Arnold Date 11-16-77
Authorized representative

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

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

Form WWC-5

MI-1023