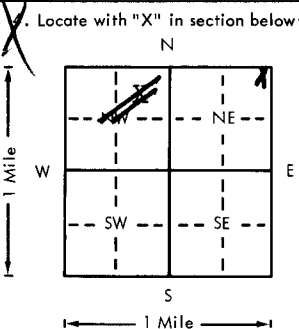


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 SUMNER	Section NE 1/4 NE 1/4 NE 1/4	Section number 5	Township number T 30 S R 1E	Range number E/W			
2. Distance and direction from nearest town or city: 12017 Crow Lane Street address of well location if in city: Peck, Kansas			3. Owner of well: Steve Hobbs Construction R.R. or street: 2544 Lulu City, state, zip code: Wichits, Kansas					
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. <u>11</u> in. Completion date _____ Well depth <u>40</u> ft. <u>5-24-78</u> 7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary 8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other 9. Casing: Material <u>styrene</u> Height: Above or below _____ Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>40</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u>					
X 								
5. Type and color of material						10. Screen: Manufacturer's name _____ Sunflower Plastic		
Topsoil						Type <u>styrene</u> Dia. <u>5"</u>		
Clay						Slot/size <u>.06</u> Length <u>10'</u>		
Fine Sand						Set between <u>30</u> ft. and <u>40</u> ft.		
Medium Sand						Gravel pack? <u>yes</u> Size range of material <u>1/2-1/8"</u>		
						11. Static water level: _____ mo./day/yr. <u>15</u> ft. below land surface Date <u>5-24-78</u>		
						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 <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> Inches above grade					
			15. Well grouted? <u>yes 1-2 Fine Sand Mix</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>40"</u> ft. to <u>14</u> ft.					
			16. Nearest source of possible contamination: ft. _____ Direction _____ Type <u>NONE</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
			17. Pump: _____ Not installed Manufacturer's name <u>Sta-Rite</u> Model number <u>20P4C0</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>27</u> ft. capacity <u>20</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other					
(Use a second sheet if needed)								
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: Flat Ground 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 <u>236</u> Business name License No. Address Wichita, Kansas <u>67209</u> Signed M. Arnold Date <u>7-17-78</u> Authorized representative					

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

Form WWC-5