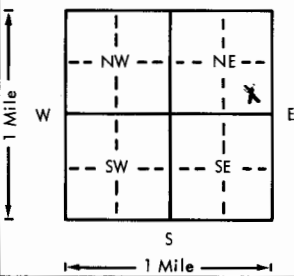


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 <b>Sumner</b>	Fraction <b>1/4 SE 1/4 NE 1/4</b>	Section number <b>5</b>	Township number <b>T 30 S R</b>	Range number <b>1E E/W</b>
2. Distance and direction from nearest town or city: <b>Well #1</b> Street address of well location if in city: <b>12087 Crowlane Peck, Kansas</b>			3. Owner of well: <b>Steve Hobbs Construction</b> R.R. or street: <b>2544 Lulu</b> City, state, zip code: <b>Wichita, Kansas</b>		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <u>11</u> in. Completion date _____ Well depth <u>40</u> ft. <u>10-4-77</u>
					7. <input 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
Topsoil			0	2	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
Clay			2	13	9. Casing: Material <u>styrene</u> Height: Above or below Threaded _____ Welded <u>8 1/2</u> Surface _____ 12 in. RMP <input checked="" type="checkbox"/> PVC _____ 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>
Fine Sand & Clay balls			13	25	10. Screen: Manufacturer's name _____ <b>Sunflower Plastic</b> Type <u>styrene</u> Dia. <u>5"</u> Slot/gap <u>3/16</u> .06 Length <u>10'</u> Set between <u>30</u> ft. and <u>40</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8"</u>
Medium Sand			25	40	11. Static water level: <u>15</u> ft. below land surface Date <u>10-4-77</u> mo./day/yr.
					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 type="checkbox"/> No <input type="checkbox"/> Date _____
					14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches <u>capped</u> 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: <u>NONE</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>Sta-Rite</u> Model number <u>20P4C02</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>30</u> ft. capacity <u>20</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ 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:  <b>Flat Ground</b> <b>Septic Tank not installed when the well was drilled.</b> <b>No apparent source for contamination.</b>		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. <b>Harp Well &amp; pump 236</b> Business name <b>Wichita, Kansas 67209</b> License No. Address Signed <u>M. Arnold</u> Date <u>10-10-77</u> Authorized representative		

T 30 S R 1E E/W  
 Sec 5  
 1/4 1/4 1/4