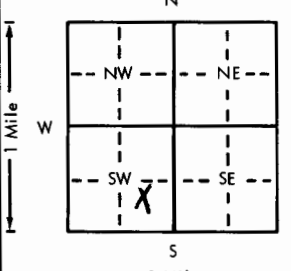


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

to BWS 1-21-80

1. Location of well: County <u>Sumner</u> Fraction <u>NW 1/4 SE 1/4 SW 1/4</u> Section number <u>4</u> Township number <u>T 30 S R 2 E</u> Range number <u>2</u>	
2. Distance and direction from nearest town or city: <u>10323 E 119 50.</u> Street address of well location if in city: <u>Mulvane, Kas.</u> 3. Owner of well: <u>Robert Redinger</u> R.R. or street: <u>R.R. #1</u> City, state, zip code: <u>Mulvane, Kansas</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
<u>Topsoil</u>	From <u>0</u> To <u>2</u>
<u>Clay</u>	<u>2</u> <u>15</u>
<u>Blue Shale</u>	<u>15</u> <u>35</u>
6. Bore hole dia. <u>12</u> in. Completion date <u>2-16-76</u> Well depth <u>35</u> ft.	
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 checked="" 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 <input type="checkbox"/> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>30</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>2.87</u> lbs./ft. Dia. <u>5</u> in. to <u>35</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>.265</u>	
10. Screen: Manufacturer's name <u>PVC-NSF</u> <u>200PST</u> Type <u>PVC-200PST</u> Dia. <u>5"</u> Slot/gauze <u>.075</u> Length <u>12'</u> Set between <u>23</u> ft. and <u>35</u> ft. <u>40'</u> ft. and <u>1/4-1/8"</u> Gravel pack size range of material	
11. Static water level: <u>20</u> ft. below land surface Date <u>2-16-76</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>    </u> ft. after <u>    </u> hrs. pumping <u>    </u> g.p.m. <u>    </u> ft. after <u>    </u> hrs. pumping <u>    </u> g.p.m. Estimated maximum yield <u>    </u> g.p.m.	
13. Water sample submitted: <u>    </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>    </u>	
14. Well head completion: <u>30</u> <u>Capped</u> <input type="checkbox"/> Pitless adapter <u>    </u> Inches above grade	
15. Well grouted: <u>Yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>20</u> ft.	
16. Nearest source of possible contamination: <u>None</u> ft. <u>    </u> Direction <u>    </u> Type <u>    </u> 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>    </u> Model number <u>    </u> HP <u>    </u> Volts <u>    </u> Length of drop pipe <u>    </u> ft. capacity <u>    </u> g.p.m. Type: <input 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: <u>Septic Tank not installed when well was drilled.</u> <u>no apparent source for contamination.</u>
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. <u>Harp Well Pump 236</u> Business name <u>Wichita Kans</u> License No. <u>    </u> Address <u>    </u> Signed <u>M. Arnold</u> Date <u>2-30-76</u> Authorized representative	

30 20 4 MULVANE

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

Form WWC-5