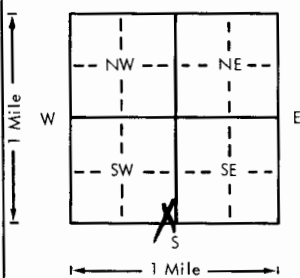


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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	Fraction 1/4 SE 1/4 SW 1/4	Section number 28	Township number T 30 S R 2E	Range number E/W
2. Distance and direction from nearest town or city: 3 1/2 East of Belle Plaine and 1 mile North Street address of well location if in city: on the North side of road, Belle Plaine, KS			3. Owner of well: John D. Clark R.R. or street: 211 South Washington City, state, zip code: Belle Plaine, Kansas		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <u>11</u> in. Completion date _____ Well depth <u>35</u> ft. <u>10-30-78</u>		
5. Type and color of material			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		
			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		
From			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 _____ Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>35</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <u>.200</u>		
			10. Screen: Manufacturer's name _____ Sunflower plastic Type <u>styrene</u> Dia. <u>5"</u> Slot/gauze <u>.06</u> Length <u>10'</u> Set between <u>25</u> ft. and <u>35</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>1/4-1/8"</u>		
Sandy topsoil			0	3	11. Static water level: _____ mo./day/yr. <u>17</u> ft. below land surface Date <u>10-30-78</u>
Sandy clay			3	9	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.
Fine to medium sand with clay streaks			9	18	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
Fine sand			18	24	14. Well head completion: _____ <input type="checkbox"/> Pitless adapter <u>12</u> capped _____ Inches above grade
Medium to fine sand			24	35	15. Well grouted? <input checked="" type="checkbox"/> yes 1-2 fine sand mix 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: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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:	19. Remarks:		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.		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	Flat ground Septic system not installed at this time No apparent source for contamination		Business name <u>Harp Well & Pump</u> License No. <u>236</u> Address <u>Wichita, Kansas</u> <u>67209</u> Signed <u>M. Arnold</u> Date <u>12-4-78</u> Authorized representative		

30-2E-28-1/4-1/4 SE SW

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

Form WWC-5