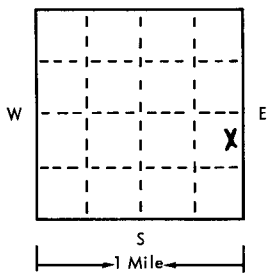


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Harvey	Township name Macon	Fraction E$\frac{1}{2}$ Se$\frac{1}{4}$	Section number 22	Town number 23S	Range number 1W
Distance and direction from nearest town or city: 2 miles West of Newton, Kansas			3 Owner of well: Alfred Peters Address: 2200 Charleston Wichita, Kansas			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: 60 ft. Date of completion 7-8-75 Well diameter 11 in.
2 Type and color of material			From		To	
			Top Soil		0	2
			Fine Sand and Clay		2	33
			Medium Sand		33	40
Shale			40	60	8 Screen: Manufacturer Sunflower Plastic Type styrene Dia. 5" Slot/gauze .005 Length 25' Set between 35 ft. and 60 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1-1/8"	
					9 Static water level: 20 ft. below land surface Date 7-8-75	
					10 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.	
					11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date ____	
					12 Well head completion: <input type="checkbox"/> Pitless adapter 12 <input checked="" type="checkbox"/> capped <input type="checkbox"/> Pitless adapter 12 <input checked="" type="checkbox"/> Inches above grade	
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 10 ft.	
					14 Nearest source of possible contamination: NONE ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.m.p. 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	
16 Remarks: elevation Flat Ground Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			17 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 236 Business name Wichita, Kansas License No. 67209 Address Wichita, Kansas Signed [Signature] Date 7-8-75 Authorized representative			

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5