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

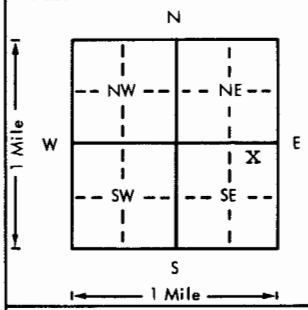
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	1/4 NE 1/4 SE 1/4	14	T 25 S	R 1W E/W

2. Distance and direction from nearest town or city: ½ North of 101st, and ¼ West of Meridian
Street address of well location if in city: Wichita, Kansas

3. Owner of well: Glenn Olson
R.R. or street: 315 South Wind
City, state, zip code: Valley Center, Kansas

4. Locate with "X" in section below:

Sketch map:



6. Bore hole dia. 11 in. Completion date _____
Well depth 90 ft. 7-19-77

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lown __ Oil field water __ Other

9. Casing: Material Styrene Height: Above or below
Threaded ___ Welded gl Surface 12 in.
RMP X PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 90 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .200

5. Type and color of material	From	To
Topsoil	0	3
Clay	3	35
Gray Shale	35	90

(Use a second sheet if needed)

10. Screen: Manufacturer's name Sunflower Plastic
Type Styrene Dia. 5"
Slot/gauze .06 Length 55'
Set between 35 ft. and 90 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material ¼ 1/8"

11. Static water level: mo./day/yr.
30 ft. below land surface Date 7-19-77

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 ___ No Date ___

14. Well head completion: Capped
___ Pitless adapter 12 Inches above grade

15. Well grouted? yes 1to2 fine sand mix.
With: ___ Neat cement ___ Bentonite X Concrete
Depth: From 40" ft. to 14 ft.

16. Nearest source of possible contamination: NONE
ft. ___ Direction ___ Type ___
Well disinfected upon completion? X Yes ___ No

17. Pump: X Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

18. Elevation:
Topography:
___ Hill
___ Slope
___ Upland
___ Valley

19. Remarks: Flat Ground
Septic System was not installed when the well was drilled.

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 236
Business name License No.
Address Wichita, Kansas
Signed M. Arnold Date 8-31-77
Authorized representative

T 25 S R 1 W (E) Sec 14 NE 1/4 1/4 1/4

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

Form WWC-5

MI-1023