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

WATER WELL RECORD
KSA 82a-1201-1215

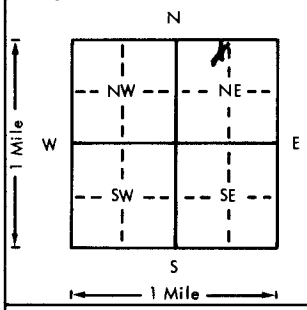
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	SE NE1/4 NW1/4 NE1/4	36	T 25 S	R 1 E W

2. Distance and direction from nearest town or city: 511 Albert
Street address of well location if in city: Valley Center, Ks

3. Owner of well: Jim Compton
R.R. or street: 511 Albert
City, state, zip code: Valley Center, Kans.

4. Locate with "X" in section below: Sketch map:



6. Bore hole dia. 11 in. Completion date
Well depth 45 ft. 3-23-76

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

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

9. Casing: Material STYRENE Height: (Above) or below
Threaded __ Welded ✓ Surface 10 in.
RMP ✓ PVC __ Weight ____ lbs./ft.
Dia. 5 in. to 45 ft. depth Wall Thickness: inches or
Dia. __ in. to __ ft. depth gage No. 1200

5. Type and color of material	From	To
Topsoil	0	2
Sandy Clay	2	15
Medium/Coarse Sand	15	25
Coarse Sand with	—	—
fine gravel	25	45

(Use a second sheet if needed)

10. Screen: Manufacturer's name SUNFLOWER PLASTIC
Type STYRENE Dia. 5"
Slot/gauze 106 Length 20
Set between 25 ft. and 45 ft.
____ ft. and ____ ft.
Gravel pack YES Size range of material 1/4 - 7/8 "

11. Static water level: mo./day/yr.
16 ft. below land surface Date 3-23-76

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
With: __ Neat cement __ Bentonite ✓ Concrete
Depth: From 40 ft. to 14 ft.

16. Nearest source of possible contamination: City Sewer
ft. 55 Direction West Type
Well disinfected upon completion? ✓ Yes __ No

17. Pump: ✓ 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

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
Authorized representative 4-21-76

T 25 R 1 E Sec 36 NW 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