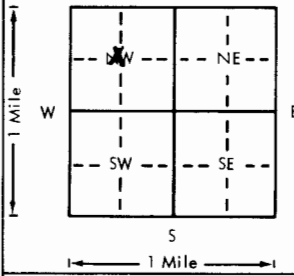


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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<br><b>SEDGWICK</b>                                                                                                                   | Fraction<br><b>1/4 C 1/4 NW 1/4</b>                                                                                   | Section number<br><b>7</b>                                                                                                                                                                                                                                                                                                                                  | Township number<br><b>T 25 S</b>                                                                                                                                                                                                                                                                                                                                                                                                                            | Range number<br><b>R 2W E/W</b> |
| 2. Distance and direction from nearest town or city: <b>215th St. W., and 117th St. No. Bentley, Kansas</b>                                                                |                                                                                                                                             | 3. Owner of well: <b>John Young</b><br>R.R. or street: <b>RFD #2</b><br>City, state, zip code: <b>Burrton, Kansas</b> |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |
| 4. Locate with "X" in section below:<br>                                                  |                                                                                                                                             | Sketch map:                                                                                                           |                                                                                                                                                                                                                                                                                                                                                             | 6. Bore hole dia. <b>30</b> in. Completion date _____<br>Well depth <b>49</b> ft. <b>6-13-78</b>                                                                                                                                                                                                                                                                                                                                                            |                                 |
| 5. Type and color of material                                                                                                                                              |                                                                                                                                             | From                                                                                                                  | To                                                                                                                                                                                                                                                                                                                                                          | 7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary                                                                                                                                                                |                                 |
| <b>Topsoil</b>                                                                                                                                                             |                                                                                                                                             | <b>0</b>                                                                                                              | <b>2</b>                                                                                                                                                                                                                                                                                                                                                    | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other                                                                                                      |                                 |
| <b>Clay</b>                                                                                                                                                                |                                                                                                                                             | <b>2</b>                                                                                                              | <b>9</b>                                                                                                                                                                                                                                                                                                                                                    | 9. Casing: Material <b>Transite</b> Height: Above or below<br>see #19 below Threading <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in.<br>RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>37</b> lbs./ft.<br>Dia. <b>16</b> in. to <b>49</b> ft. depth Wall Thickness: inches or<br>Dia. _____ in. to _____ ft. depth gage No. <b>3/4"</b>                                                                |                                 |
| <b>Medium to Coarse Sand and Gravel</b>                                                                                                                                    |                                                                                                                                             | <b>9</b>                                                                                                              | <b>48</b>                                                                                                                                                                                                                                                                                                                                                   | 10. Screen: Manufacturer's name _____<br><b>Johnson</b><br>Type <b>irrigation</b> Dia. <b>16"</b><br>Slot <b>1/4"</b> Length <b>28'</b><br>Set between <b>20</b> ft. and <b>33</b> ft.<br><b>33</b> ft. and <b>48</b> ft.<br>Gravel pack? <b>yes</b> Size range of material <b>1/4-1/8"</b>                                                                                                                                                                 |                                 |
| <b>Clay</b>                                                                                                                                                                |                                                                                                                                             | <b>48</b>                                                                                                             | <b>49</b>                                                                                                                                                                                                                                                                                                                                                   | 11. Static water level: _____ mo./day/yr.<br><b>10</b> ft. below land surface Date <b>6-13-78</b>                                                                                                                                                                                                                                                                                                                                                           |                                 |
|                                                                                                                                                                            |                                                                                                                                             |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                             | 12. Pumping level below land surfaces:<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield _____ g.p.m.                                                                                                                                                                                                                                                                        |                                 |
|                                                                                                                                                                            |                                                                                                                                             |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                             | 13. Water sample submitted: _____ mo./day/yr.<br><input type="checkbox"/> Yes <input type="checkbox"/> No Date _____                                                                                                                                                                                                                                                                                                                                        |                                 |
|                                                                                                                                                                            |                                                                                                                                             |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                             | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <b>12</b> inches above grade                                                                                                                                                                                                                                                                                                                                                          |                                 |
|                                                                                                                                                                            |                                                                                                                                             |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                             | 15. Well grouted? <b>yes 1-2 Fine Sand Mix</b><br>With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete<br>Depth: From <b>0</b> ft. to <b>10</b> ft.                                                                                                                                                                                                                                   |                                 |
|                                                                                                                                                                            |                                                                                                                                             |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                             | 16. Nearest source of possible contamination:<br>ft. _____ Direction _____ Type <b>NONE</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                        |                                 |
|                                                                                                                                                                            |                                                                                                                                             |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                             | 17. Pump: <input type="checkbox"/> Not installed<br>Manufacturer's name <b>Valley</b><br>Model number <b>12MME</b> HP <b>40</b> Volts <b>N/A</b><br>Length of drop pipe <b>40</b> ft. capacity <b>800</b> g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                                 |
| (Use a second sheet if needed)                                                                                                                                             |                                                                                                                                             |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |
| 18. Elevation:<br><br>Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley | 19. Remarks:<br><b>Flat Ground</b><br><b>From #9 Above--</b><br><b>Banded But Joint</b><br><br><b>No apparent source for contamination.</b> |                                                                                                                       | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Harp Well &amp; Pump</b> <b>236</b><br>Business name License No.<br>Address <b>Wichita, Kansas</b> <b>67209</b><br>Signed <b>M. Arnell</b> Date <b>6-30-78</b><br>Authorized representative |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |

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

Form WWC-5