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

WATER WELL RECORD
KSA 82a-1201-1215

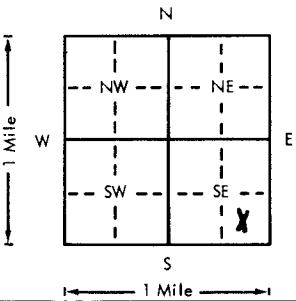
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Konsas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	SEDGWICK	SW 1/4 SE 1/4 SE 1/4	31	T 26 S	R 2 1W E/W

2. Distance and direction from nearest town or city:
Street address of well location if in city: 10520 West 30th No. Wichita, Kansas

3. Owner of well: Joe Douty
R.R. or street: 300 Cardington
City, state, zip code: Wichita, Kansas

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 11 in. Completion date
Well depth 60 ft. 3-8-79

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

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ 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 60 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	14
Fine Sand and Clay Balls	14	35
Medium Sand	35	60

(Use a second sheet if needed)

10. Screen: Manufacturer's name Sunflower Plastic
Type styrene Dia. 5"
Slot/gage .06 Length 15'
Set between 45 ft. and 60 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 1/4-1/8'

11. Static water level: mo./day/yr.
20 ft. below land surface Date 3-8-79

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.

X Water sample submitted: mo./day/yr.
___ Yes ___ No Date

14. Well head completion: capped
___ Pitless adapter 12 inches above grade

15. Well grouted? yes 1-2 fine sand mix
With: ___ Neat cement ___ Bentonite X Concrete
Depth: From 40" ft. to 14 ft.

16. Neorest 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

T 26 R 1 W Sec 31 1/4 SW 1/4 SE 1/4 SE 1/4

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

19. Remarks:
Flat Ground
Septicsystem not installed at this time.
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.
Business name Harp Well & Pump License No. 236
Address Wichita, Kansas 67209
Signed M. Arnold Authorized representative Date 3-16-79

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

Form WWC-5

MI-1023