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

WATER WELL RECORD
KSA 82a-1201-1215

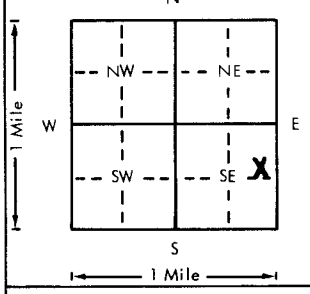
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	SEDGWICK	1/4 NE 1/4 SE 1/4	16	T 26 S	R 2W E/W

2. Distance and direction from nearest town or city:
Street address of well location if in city: 202 East Wichita Colwich, Kansas

3. Owner of well: Consolidated Farmers Mutual Ins. Co.
R.R. or street: 202 East Wichita
City, state, zip code: Colwich, Kansas

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 13 in. Completion date
Well depth 60 ft. 2-23-78

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

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

9. Casing: Material PVC Height: Above or Below
Threaded ___ Welded ___ Surface 12 in.
RMP ___ PVC X Weight 5.47 lbs./ft.
Dia. 8 in. to 60 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .332

5. Type and color of material	From	To
Topsoil	0	3
Clay	3	35
Fine Sand	35	43
Medium Sand	43	60

(Use a second sheet if needed)

10. Screen: Manufacturer's name PVC NSF Approved 160 PSI
Type PVC 160 PSI Dia. 8"
Slot/gauze .06 Length 30'
Set between 30 ft. and 60 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 1/4-1/8"

11. Static water level: 29 ft. below land surface Date 2-23-78 mo./day/yr.

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 1-2 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

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 4-24-78
Authorized representative

T 26 R 2W E/W Sec 16 1/4 1/4 NESE 1/4

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

Form WWC-5

MI-1023