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 NW 1/4 SE 1/4	8	T 27 S	R 1W E/W

2. Distance and direction from nearest town or city:
Street address of well location if in city: 1721 Callahan Wichita, Kansas

3. Owner of well: John DeVault
R.R. or street: 9425 West Central
City, state, zip code: Wichita, Kansas 67212

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

N — NW — NE — W — E — X — SW — SE — S — 1 Mile — 1 Mile

6. Bore hole dia. 11 in. Completion date _____
Well depth 57 ft. 5-13-77

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

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

9. Casing: Material styrene gl Height: Above or Below ///
Threaded ____ Welded ____ Surface 12 in.
RMP X PVC ____ Weight ____ lbs./ft.
Dia. 5 in. to 57 ft. depth Wall Thickness: inches or gage 200
Dia. ____ in. to ____ ft. depth

5. Type and color of material	From	To
Topsoil	0	3
Clay	3	40
Fine Sand	40	43
Medium Sand	43	57

(Use a second sheet if needed)

10. Screen: Manufacturer's name Sunflower Plastic
Type styrene Dia. 5"
Slot/gauze ///.06 Length 12'
Set between 45 ft. and 57 ft.
____ ft. and ____ ft.
Gravel pack? yes Size range of material 1/4-1/8"

11. Static water level: mo./day/yr.
25 ft. below land surface Date 5-13-77

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
With: ____ Neat cement ____ Bentonite X Concrete
Depth: From 40' ft. to 14 ft.

16. Nearest source of possible contamination: City
ft. 50 Direction West Type Sewer
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
X Upland
____ Valley

19. Remarks:

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
Signed M. Arnold Date 7-7-77
Authorized representative

T 27 R 1 W Sec 8 1/4 1/4 1/4 1/4 NW SE

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

Form WWC-5

MI-1023