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

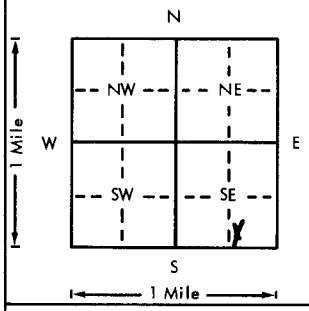
Billed to: Twenty First Electric

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	1/4 SE 1/4 SE 1/4	9	T 27 S	R 1 E/W

2. Distance and direction from nearest town or city: 1472 Morgantown Wichita, Kansas
Street address of well location if in city:

3. Owner of well: Mr. Fisher
R.R. or street: 1472 Morgantown
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 90 ft. 8-2-76

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

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

9. Casing: Material styrene Weight: Above or below ///
Threaded ___ Welded gl Surface 12 in.
RMP X PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 90 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 200

5. Type and color of material	From	To
Dirt	0	3
Clay	3	18
Fine Sand	18	40
Clay	40	45
Fine Sand	45	75
Medium Sand	75	90
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Sunflower Plastic
Type styrene Dia. 5"
Slot/gauze .06 Length 10'
Set between 80 ft. and 90 ft.
ft. and ft.
Gravel pack? yes Size range of material 1/4-1 1/8"

11. Static water level: mo./day/yr.
20 ft. below land surface Date 8-2-76

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 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
X Slope
___ 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.
Harp Well & Pump 236
Business name License No.
Address Wichita, Kansas
Signed M. Arnold Date 8-9-76
Authorized representative

T 27 R 1 E/W Sec 9 1/4 SE 1/4 SE 1/4

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

Form WWC-5

MI-1023