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

WATER WELL RECORD
KSA 82a-1201-1215

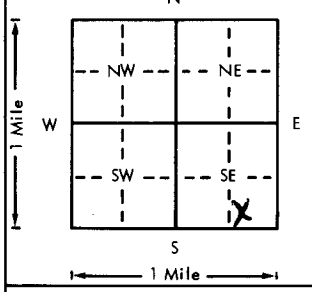
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well: County: SEDGWICK | Fraction: 1/4 SE 1/4 SE 1/4 | Section number: 9 | Township number: T 27S | Range number: R 1 E/W (O)

2. Distance and direction from nearest town or city: 1496 MORGANTOWN
Street address of well location if in city: WICHITA, KANSAS

3. Owner of well: GLENN SMITH
R.R. or street: 1496 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 45 ft. 7-7-76

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

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

9. Casing: Material STYRENED Height: Above or below
Threaded ___ Welded GL Surface 12 in.
RMP ✓ PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 45 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 300

5. Type and color of material	From	To
DIRT	0	2
CLAY	2	13
MEDIUM SAND	13	37
CLAY	37	42
MEDIUM SAND	42	45
(Use a second sheet if needed)		

10. Screen: Manufacturer's name SUNFLOWER PLASTIC
Type STYRENE Dia. 5"
Slot/gauze .096 Length 15
Set between 30 ft. and 45 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 7-7-76

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 ✓ Concrete
Depth: From 40" ft. to 14 ft.

16. Nearest source of possible contamination: CITY SEWER
ft. 50 Direction SW Type
Well disinfected upon completion? ✓ Yes ___ No

17. Pump: ___ 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:

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
Authorized representative 8-16-76

T 27S R 1 E/W Sec 9 1/4 1/4 1/4 SESE

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

Form WWC-5

MI-1023