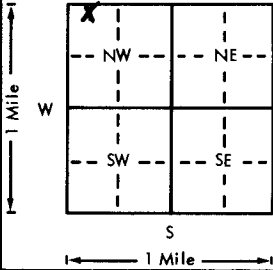


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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<br><b>SEdgcwrick</b>                                                                                                                                                                                                                                                                                                                                     | Fraction<br><b>NW 1/4 NW 1/4 NW 1/4</b>                                                                                                 | Section number<br><b>17</b> | Township number<br><b>T 27 S R 1 NW</b>                                                                                                                                                                                                                                                                                                                                                                                                                           | Range number<br><b>1 NW</b> |
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city: <b>1395 Valleyview<br/>Wichita, Kansas</b>                             |  |                                                                                                                                                                                                                                                                                                                                                                 | 3. Owner of well: <b>John Harrison</b><br>R.R. or street: <b>1395 Valleyview</b><br>City, state, zip code: <b>Wichita, Kansas 67212</b> |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |
| 4. Locate with "X" in section below:<br>N<br>W<br>E<br>S<br>1 Mile<br>1 Mile                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                 | Sketch map:<br>                                         |                             | 6. Bore hole dia. <b>11</b> in. Completion date <b>12-14-76</b><br>Well depth <b>50</b> ft.                                                                                                                                                                                                                                                                                                                                                                       |                             |
| 5. Type and color of material                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                 | From                                                                                                                                    | To                          | 7. Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary                                                                                                                                                                                               |                             |
| <b>Sandy Soil</b>                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                 | <b>0</b>                                                                                                                                | <b>2</b>                    | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input checked="" type="checkbox"/> Low <input type="checkbox"/> Oil field water <input type="checkbox"/> Other                                                                                                  |                             |
| <b>Clay</b>                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                 | <b>2</b>                                                                                                                                | <b>12</b>                   | 9. Casing: Material <b>styrene</b> Height: Above or below<br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in.<br>RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft.<br>Dia. <b>5</b> in. to <b>50</b> ft. depth Wall Thickness: inches or<br>Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>.200</b>            |                             |
| <b>Fine Sand</b>                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                 | <b>12</b>                                                                                                                               | <b>18</b>                   | 10. Screen: Manufacturer's name <b>Sunflower Plastic</b><br>Type <b>styrene</b> Dia. <b>5W</b><br>Slot/gage <b>1/16</b> Length <b>20'</b><br>Set between <b>30</b> ft. and <b>50</b> ft.<br><input type="checkbox"/> ft. and <input type="checkbox"/> ft.<br>Gravel pack? <b>yes</b> Size range of material <b>1-1/8W</b>                                                                                                                                         |                             |
| <b>Medium Sand</b>                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                 | <b>18</b>                                                                                                                               | <b>43</b>                   | 11. Static water level: <input type="checkbox"/> mo./day/yr.<br><b>20</b> ft. below land surface Date <b>12-14-76</b>                                                                                                                                                                                                                                                                                                                                             |                             |
| <b>Clay</b>                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                 | <b>43</b>                                                                                                                               | <b>50</b>                   | 12. Pumping level below land surfaces:<br><input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.<br><input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.<br>Estimated maximum yield <input type="checkbox"/> g.p.m.                                                                                                                                         |                             |
|                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                         |                             | 13. Water sample submitted: <input type="checkbox"/> mo./day/yr.<br><input type="checkbox"/> Yes <input type="checkbox"/> No Date <input type="checkbox"/>                                                                                                                                                                                                                                                                                                        |                             |
|                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                         |                             | 14. Well head completion: <b>12 well seal</b><br><input type="checkbox"/> Pitless adapter <b>12</b> inches above grade                                                                                                                                                                                                                                                                                                                                            |                             |
|                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                         |                             | 15. Well grouted? <b>yes</b><br>With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete<br>Depth: From <b>0</b> ft. to <b>10</b> ft.                                                                                                                                                                                                                                                           |                             |
|                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                         |                             | 16. Nearest source of possible contamination: <b>City</b><br>ft. <b>50</b> Direction <b>South</b> Type <b>Sewer</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                      |                             |
|                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                         |                             | 17. Pump: <input type="checkbox"/> Not installed<br>Manufacturer's name <b>Sta-Rite</b><br>Model number <b>20P4D62</b> HP <b>1/3/4</b> Volts <b>230</b><br>Length of drop pipe <b>35</b> ft. capacity <b>20</b> g.p.m.<br>Type:<br><input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                             |
|                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                         |                             | (Use a second sheet if needed)                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |
| 18. Elevation:                                                                                                                                                             |  | 19. Remarks:<br><b>Well to be used for lawn only.</b>                                                                                                                                                                                                                                                                                                           |                                                                                                                                         |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |
| Topography:<br><input checked="" type="checkbox"/> Hill<br><input checked="" type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley |  | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Harp Well &amp; Pump 236</b><br>Business name <b>Wichita, Kansas</b> License No.<br>Address <b>Wichita, Kansas</b><br>Signed <b>M. Arnold</b> Date <b>12-20-76</b><br>Authorized representative |                                                                                                                                         |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |

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

Form WWC-5