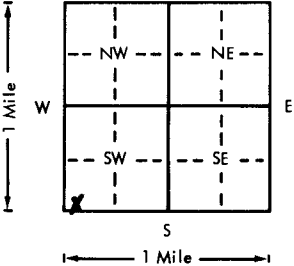


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>Sedgwick</b>          | Fraction<br><b>SW 1/4 SW 1/4 SW 1/4</b> | Section number<br><b>21</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  | Township number<br><b>T 27 S</b> | Range number<br><b>R 1 W 6N</b> |
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city: <b>Tyler Road &amp; Maple<br/>Wichita, Kansas</b> |  |                                    |                                         | 3. Owner of well:<br>R.R. or street:<br>City, state, zip code:<br><b>Jerry Seller s<br/>224 South Oliver<br/>Wichita, Kansas</b>                                                                                                                                                                                                                                                                                                                             |                                  |                                 |
| 4. Locate with "X" in section below:<br>Sketch map:<br>               |  |                                    |                                         | 6. Bore hole dia. <b>11</b> in. Completion date <b>7-28-77</b><br>Well depth <b>125</b> ft.                                                                                                                                                                                                                                                                                                                                                                  |                                  |                                 |
| 5. Type and color of material                                                                                                                         |  |                                    |                                         | 7. <input type="checkbox"/> 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                                                                                                                                                                 |                                  |                                 |
|                                                                                                                                                       |  |                                    |                                         | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other                                                                                                       |                                  |                                 |
|                                                                                                                                                       |  |                                    |                                         | 9. Casing: Material <b>styrene</b> Height: Above or below <b>12</b> ft.<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 <b>125</b> lbs./ft.<br>Dia. <b>5</b> in. to <b>125</b> ft. depth Wall Thickness: inches or<br>Dia. <b>5</b> in. to <b>125</b> ft. depth gage No. <b>200</b>                                     |                                  |                                 |
|                                                                                                                                                       |  |                                    |                                         | 10. Screen: Manufacturer's name <b>Sunflower Plastic</b><br>Type <b>styrene</b> Dia. <b>5</b> in.<br>Slot <b>1/16</b> in. Length <b>20</b> ft.<br>Set between <b>105</b> ft. and <b>125</b> ft.<br>Gravel pack? <input type="checkbox"/> Size range of material <b>1/4-1/8</b>                                                                                                                                                                               |                                  |                                 |
|                                                                                                                                                       |  |                                    |                                         | 11. Static water level: <b>30</b> ft. below land surface Date <b>7-28-77</b><br>mo./day/yr.                                                                                                                                                                                                                                                                                                                                                                  |                                  |                                 |
|                                                                                                                                                       |  |                                    |                                         | 12. Pumping level below land surfaces:<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield ____ g.p.m.                                                                                                                                                                                                                                                                                |                                  |                                 |
|                                                                                                                                                       |  |                                    |                                         | 13. Water sample submitted: ____ mo./day/yr.<br><input type="checkbox"/> Yes <input type="checkbox"/> No Date ____                                                                                                                                                                                                                                                                                                                                           |                                  |                                 |
|                                                                                                                                                       |  |                                    |                                         | 14. Well head completion: <b>well seal</b><br><input type="checkbox"/> Pitless adapter <b>12</b> inches above grade                                                                                                                                                                                                                                                                                                                                          |                                  |                                 |
|                                                                                                                                                       |  |                                    |                                         | 15. Well grouted? <b>yes</b> <b>1 to 2</b> fine sand<br>With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Mortar <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 Sewer</b><br>ft. <b>100</b> Direction <b>North</b> Type <b>line</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>20P4DoB</b> <b>3/4</b> Volts <b>230</b><br>Length of drop pipe <b>50</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 |                                  |                                 |
|                                                                                                                                                       |  |                                    |                                         | 18. 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</b> <b>236</b><br>Business name License No.<br>Address <b>Wichita, Kansas</b> <b>67209</b><br>Signed <b>M. Arnold</b> Date <b>8-1-77</b><br>Authorized representative                                                                                                   |                                  |                                 |
| 18. Elevation:                                                                                                                                        |  | 19. Remarks:<br><b>Flat Ground</b> |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                                 |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley  |  |                                    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                                 |

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

Form WWC-5