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

WATER WELL RECORD
KSA 82a-1201-1215

SE SE SE NE

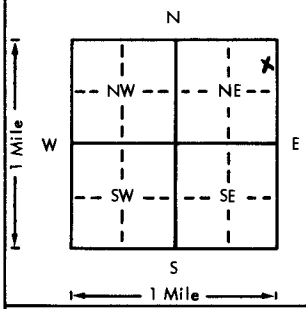
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	SEDGWICK	1/4 ~~NE~~ 1/4 ~~NE~~ 1/4	21	T 27 S	R 1 E (W)

2. Distance and direction from nearest town or city: 327 ACADIA
Street address of well location if in city: WICHITA, KANSAS

3. Owner of well: R. SCREEN
R.R. or street: 8101 W. CENTRAL
City, state, zip code: WICHITA, KANSAS

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 11 in. Completion date 9-15-76
Well depth 65 ft.

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 STYRENE Joint: Above or below
Threaded ___ Welded GL Surface 12 in.
RMP ✓ PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 65 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 1200

5. Type and color of material	From	To
SANDY SOIL	0	3
BROWN SOIL WITH CLAY STREAKS	3	8
BROWN DIRTY SAND	8	15
FINE SAND	15	25
MEDIUM COARSE SAND	25	35
COARSE SAND	35	65

(Use a second sheet if needed)

10. Screen: Manufacturer's name SUNFLOWER PLASTIC
Type STYRENE Dia. 5"
Slot/gauze .06 Length 15'
Set between 50 ft. and 65 ft.
___ ft. and ___ ft.
Gravel pack? YES Size range of material 1/4-1/8"

11. Static water level: mo./day/yr.
20 ft. below land surface Date 9-15-76

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" ● to 14 ft.

16. Nearest source of possible contamination: CITY SEWER
ft. 60 Direction WEST 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:
FLAT GROUND

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 10-30-76

27 T 1 R E (W) 21 Sec NE 1/4 1/4 1/4

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

Form WWC-5

MI-1023