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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

SE SW NE NW

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Sedgwick	Delano	~~SW¼~~ ~~NE¼~~	30	27S	1W

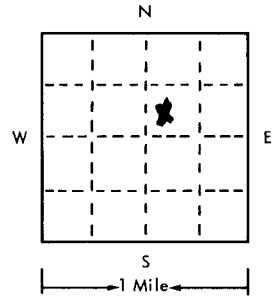
Distance and direction from nearest town or city: 11316 Valley High

Street address of well location if in city: Wichita, Ks.

3 Owner of well: Ray Clasen Construction

Address: 545 Circle Lake Drive Wichita, Kansas 67209

Locate with "X" in section below:



Sketch map:

4 Well depth: 62 ft. Date of completion 6-6-75
Well diameter 11 in.

5 [ ] Cable tool [X] Rotary [ ] Driven [ ] Dug
[ ] Hollow rod [ ] Jetted [ ] Bored [ ] Reverse rotary

6 Use: [X] Domestic [ ] Public supply [ ] Industry
[ ] Irrigation [ ] Air conditioning [ ] Commercial
[ ] Test well [ ] _____

7 Casing: Material styrene Height: above/below
Threaded [ ] Welded [ ] Surface 12 in.
Diam. 5 in. to 62 ft. depth Weight ____ lbs./ft.
____ in. to ____ ft. depth Drive shoe? [ ] Yes [ ] No

2 Type and color of material	From	To
Dirt and Sandy Soil	0	2
Clay	2	8
Sand and Clay	8	15
Fine Sand	15	45
Medium Sand	45	62
(use a second sheet if needed)		

8 Screen:
Manufacturer Sunflower Plastic
Type styrene Dia. 5 in
Slot/gauze .005 Length 10'
Set between 52 ft. and 62 ft.
Fittings:
Gravel pack [X] Yes [ ] No Size range of material 1-1/8"

9 Static water level:
25 ft. below land surface Date 6-6-75

10 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.

11 Water sample submitted:
[ ] Yes [ ] No Date ____

12 Well head completion: capped
[ ] Pitless adapter 12 [X] Inches above grade

13 Well grouted? [X] Yes [ ] No
[X] Neat cement [ ] Bentonite [ ] _____
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination: NONE
ft. ____ Direction ____ Type ____
Well disinfected upon completion? [X] Yes [ ] No

15 Pump: [X] Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.m.p.
Type:
[ ] Submersible [ ] Turbine
[ ] Jet [ ] Reciprocating
[ ] Certrifugal [ ] Other

16 Remarks: elevation

No source for possible contamination apparent.

Topography:
[ ] Hill
[X] Slope
[ ] Upland
[ ] Valley

17 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 Serv. 236
Business name License No.
Address Wichita, Kansas 67209
Signed M. Arnell Date 6-6-75
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

677-H