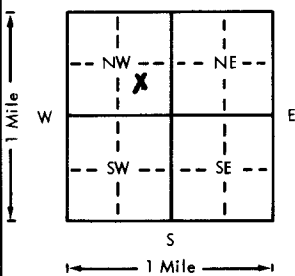


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 NW 1/4	Section number 30	Township number T 27 S	Range number R 1 E
2. Distance and direction from nearest town or city: Street address of well location if in city:	3. Owner of well: D. PALMER R.R. or street: 11308 VALLEY HIGH City, state, zip code: WICHITA, KANSAS				
4. Locate with "X" in section below: 	Sketch map: 6. Bore hole dia. 12.5 in. Completion date Well depth 125 ft. 9-8-76				
5. Type and color of material	From	To	7. ☒ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary		
SANDY BROWN SOIL	0	3	8. Use: ☐ Domestic ☐ Public supply ☐ Industry ☒ Irrigation ☐ Air conditioning ☐ Stock ☒ Lawn ☐ Oil field water ☐ Other		
SANDY SOIL WITH CLAY STREAKS	3	15	9. Casing: Material STYRENE Weight 15 lbs./ft. Threaded ☐ Welded ☒ Surface 15 in. RMP ☒ PVC ☐ Weight 125 lbs./ft. Dia. 5 in. to 125 ft. depth Wall Thickness: inches or Dia. 5 in. to 125 ft. depth gage No. 200		
DIRTY BROWN SAND	15	25	10. Screen: Manufacturer's name SUNFLOWER PLASTIC Type STYRENE Dia. 5" Slot gauge 106 Length 20 Set between 105 ft. and 125 ft. Gravel pack ☒ Size range of material 1/4"-1/8"		
FINE SAND	25	35	11. Static water level: 35 ft. below land surface Date 9-8-76 mo./day/yr.		
MEDIUM COARSE SAND	35	60	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.		
GREY CLAY	60	85	13. Water sample submitted: ____ mo./day/yr. Yes ____ No ____ Date ____		
FINE SAND	85	105	14. Well head completion: 12 CAPPED ____ Pitless adapter ____ inches above grade		
COARSE SAND	105	125	15. Well grouted? YES With: ____ Neat cement ____ Bentonite ☒ Concrete Depth: From 40" to 14 ft.		
(Use a second sheet if needed)			16. Nearest source of possible contamination: SEPTIC TANK ft. 65 Direction NE Type TANK 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 WICHITA, KANSAS License No. ____ Address WICHITA, KANSAS Signed M. Arnold Date 10-20-76 Authorized representative		

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

Form WWC-5