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

WATER WELL RECORD
KSA 82a-1201-1215

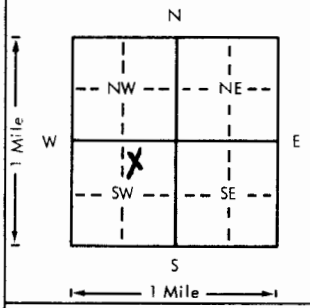
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	SEDGWICK	1/4 NE 1/4 SW 1/4	22	T 27 S	R 2W E/W

2. Distance and direction from nearest town or city:
Street address of well location if in city: 1½ Blocks South of Maple on 162nd West

3. Owner of well: Steve Ahre
R.R. or street: 854 S. Terrace,
City, state, zip code: Wichita, Kansas

4. Locate with "X" in section below:



Sketch map:
Goddard, Kansas

6. Bore hole dia. 11 in. Completion date 4-29-78
Well depth 90 ft.

7. ___ Cable tool X Rotary ___ Driven ___ Dug
___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary

8. Use: X Domestic ___ Public supply ___ Industry
___ Irrigation ___ Air conditioning ___ Stock
___ Lawn ___ Oil field water ___ Other

9. Casing: Material styrene Weight: Above or below ///
Threaded ___ Welded ___ Surface 12 in.
RMP X PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 90 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .200

5. Type and color of material	From	To
Topsoil	0	3
Clay	3	15
Fine Sand	15	19
Grey Shale	19	90

10. Screen: Manufacturer's name Sunflower Plastic
Type styrene Dia. 5"
Slot/gauze /// .06 Length 65'
Set between 25 ft. and 90 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material ¼-1/8"

11. Static water level: 20 ft. below land surface Date mo./day/yr. 4-29-78

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: 12 capped
___ Pitless adapter ___ Inches above grade

15. Well grouted? yes 1-2 fine sand mix
With: ___ Neat cement ___ Bentonite X Concrete
Depth: From 40 ft. to 14 ft.

16. Nearest source of possible contamination: NONE
ft. ___ Direction ___ Type ___
Well disinfected upon completion? X Yes ___ No

17. Pump: X 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

(Use a second sheet if needed)

18. Elevation:
Topography:
___ Hill
___ Slope
___ Upland
___ Valley

19. Remarks:
Flat Ground

Septic system not installed at this time.

No apparent source for contamination.

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 215 South Tyler Road
Wichita, Kansas
Signed M. Arnold Date 6-1-78
Authorized representative

27 T — 2W R (E/W) — 22 Sec — NE 1/4 — SW 1/4

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

Form WWC-5

MI-1023