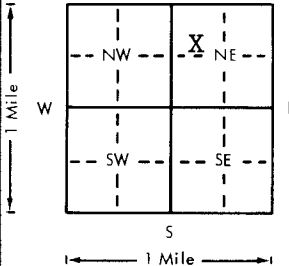


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>1/4 NW 1/4 NE 1/4</b>                                                                                            | Section number<br><b>13</b>                                                                | Township number<br><b>T 27 S R 2W E/W</b> | Range number |         |   |   |      |   |    |            |    |    |                               |    |    |             |    |    |      |    |    |           |    |    |             |    |    |                                                                                                                                                                                                                                                                                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------|--------------|---------|---|---|------|---|----|------------|----|----|-------------------------------|----|----|-------------|----|----|------|----|----|-----------|----|----|-------------|----|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Distance and direction from nearest town or city: <b>1301 Firefly Dr. Wichita, Kansas</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3. Owner of well: <b>Eldon Schierling</b><br>R.R. or street: <b>425 Cheryl</b><br>City, state, zip code: <b>Wichita, Kansas</b> |                                                                                            |                                           |              |         |   |   |      |   |    |            |    |    |                               |    |    |             |    |    |      |    |    |           |    |    |             |    |    |                                                                                                                                                                                                                                                                                                         |  |
| 4. Locate with "X" in section below:<br>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                            | Sketch map:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                 | 6. Bore hole dia. <b>11</b> in. Completion date <b>7-22-78</b><br>Well depth <b>80</b> ft. |                                           |              |         |   |   |      |   |    |            |    |    |                               |    |    |             |    |    |      |    |    |           |    |    |             |    |    |                                                                                                                                                                                                                                                                                                         |  |
| 5. Type and color of material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                            | <table border="1"><thead><tr><th></th><th>From</th><th>To</th></tr></thead><tbody><tr><td>Topsoil</td><td>0</td><td>2</td></tr><tr><td>Clay</td><td>2</td><td>16</td></tr><tr><td>Sandy Clay</td><td>16</td><td>21</td></tr><tr><td>Medium sand with Clay Streaks</td><td>21</td><td>24</td></tr><tr><td>Coarse Sand</td><td>24</td><td>30</td></tr><tr><td>Clay</td><td>30</td><td>38</td></tr><tr><td>Fine Sand</td><td>38</td><td>60</td></tr><tr><td>Medium Sand</td><td>60</td><td>80</td></tr></tbody></table> |                                                                                                                                 |                                                                                            | From                                      | To           | Topsoil | 0 | 2 | Clay | 2 | 16 | Sandy Clay | 16 | 21 | Medium sand with Clay Streaks | 21 | 24 | Coarse Sand | 24 | 30 | Clay | 30 | 38 | Fine Sand | 38 | 60 | Medium Sand | 60 | 80 | 7. <input checked="" 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 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                 |                                                                                            | From                                      | To           |         |   |   |      |   |    |            |    |    |                               |    |    |             |    |    |      |    |    |           |    |    |             |    |    |                                                                                                                                                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                 | Topsoil                                                                                    | 0                                         | 2            |         |   |   |      |   |    |            |    |    |                               |    |    |             |    |    |      |    |    |           |    |    |             |    |    |                                                                                                                                                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                 | Clay                                                                                       | 2                                         | 16           |         |   |   |      |   |    |            |    |    |                               |    |    |             |    |    |      |    |    |           |    |    |             |    |    |                                                                                                                                                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                 | Sandy Clay                                                                                 | 16                                        | 21           |         |   |   |      |   |    |            |    |    |                               |    |    |             |    |    |      |    |    |           |    |    |             |    |    |                                                                                                                                                                                                                                                                                                         |  |
| Medium sand with Clay Streaks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 21                                                                                                                                         | 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                                                                                            |                                           |              |         |   |   |      |   |    |            |    |    |                               |    |    |             |    |    |      |    |    |           |    |    |             |    |    |                                                                                                                                                                                                                                                                                                         |  |
| Coarse Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 24                                                                                                                                         | 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                                                                                            |                                           |              |         |   |   |      |   |    |            |    |    |                               |    |    |             |    |    |      |    |    |           |    |    |             |    |    |                                                                                                                                                                                                                                                                                                         |  |
| Clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 30                                                                                                                                         | 38                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                                                                                            |                                           |              |         |   |   |      |   |    |            |    |    |                               |    |    |             |    |    |      |    |    |           |    |    |             |    |    |                                                                                                                                                                                                                                                                                                         |  |
| Fine Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 38                                                                                                                                         | 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                                                                                            |                                           |              |         |   |   |      |   |    |            |    |    |                               |    |    |             |    |    |      |    |    |           |    |    |             |    |    |                                                                                                                                                                                                                                                                                                         |  |
| Medium Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 60                                                                                                                                         | 80                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                                                                                            |                                           |              |         |   |   |      |   |    |            |    |    |                               |    |    |             |    |    |      |    |    |           |    |    |             |    |    |                                                                                                                                                                                                                                                                                                         |  |
| 8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input 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>111</b><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 <input type="checkbox"/> lbs./ft.<br>Dia. <b>5</b> in. to <b>80</b> ft. depth Wall Thickness: inches or<br>Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <b>.200</b>                                                                           |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                 |                                                                                            |                                           |              |         |   |   |      |   |    |            |    |    |                               |    |    |             |    |    |      |    |    |           |    |    |             |    |    |                                                                                                                                                                                                                                                                                                         |  |
| 10. Screen: Manufacturer's name <b>Sunflower Plastic</b><br>Type <b>styrene</b> Dia. <b>5"</b><br>Slot <b>4/4</b> <b>.06</b> Length <b>20'</b><br>Set between <b>60</b> ft. and <b>80</b> ft.<br><input type="checkbox"/> ft. and <input type="checkbox"/> ft.<br>Gravel pack? <b>yes</b> Size range of material <b>1/4-1/8"</b>                                                                                                                                                                                                             |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                 |                                                                                            |                                           |              |         |   |   |      |   |    |            |    |    |                               |    |    |             |    |    |      |    |    |           |    |    |             |    |    |                                                                                                                                                                                                                                                                                                         |  |
| 11. Static water level: <b>16</b> ft. below land surface Date <b>7-22-78</b><br>mo./day/yr.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                 |                                                                                            |                                           |              |         |   |   |      |   |    |            |    |    |                               |    |    |             |    |    |      |    |    |           |    |    |             |    |    |                                                                                                                                                                                                                                                                                                         |  |
| 12. Pumping level below land surfaces:<br><input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.<br><input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.<br>Estimated maximum yield <input type="checkbox"/> g.p.m.                                                                                                                                                                                                                    |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                 |                                                                                            |                                           |              |         |   |   |      |   |    |            |    |    |                               |    |    |             |    |    |      |    |    |           |    |    |             |    |    |                                                                                                                                                                                                                                                                                                         |  |
| 13. Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                 |                                                                                            |                                           |              |         |   |   |      |   |    |            |    |    |                               |    |    |             |    |    |      |    |    |           |    |    |             |    |    |                                                                                                                                                                                                                                                                                                         |  |
| 14. Well head completion: <b>capped</b><br><input type="checkbox"/> Pitless adapter <b>12</b> inches above grade                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                 |                                                                                            |                                           |              |         |   |   |      |   |    |            |    |    |                               |    |    |             |    |    |      |    |    |           |    |    |             |    |    |                                                                                                                                                                                                                                                                                                         |  |
| 15. Well grouted? <b>yes 1-2</b> Fine Sand Mix<br>With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete<br>Depth: From <b>6</b> ft. to <b>16</b> ft.                                                                                                                                                                                                                                                                                                                    |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                 |                                                                                            |                                           |              |         |   |   |      |   |    |            |    |    |                               |    |    |             |    |    |      |    |    |           |    |    |             |    |    |                                                                                                                                                                                                                                                                                                         |  |
| 16. Nearest source of possible contamination:<br>ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <b>NONE</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                   |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                 |                                                                                            |                                           |              |         |   |   |      |   |    |            |    |    |                               |    |    |             |    |    |      |    |    |           |    |    |             |    |    |                                                                                                                                                                                                                                                                                                         |  |
| 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name <input type="checkbox"/><br>Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/><br>Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m.<br>Type:<br><input 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 |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                 |                                                                                            |                                           |              |         |   |   |      |   |    |            |    |    |                               |    |    |             |    |    |      |    |    |           |    |    |             |    |    |                                                                                                                                                                                                                                                                                                         |  |
| (Use a second sheet if needed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                 |                                                                                            |                                           |              |         |   |   |      |   |    |            |    |    |                               |    |    |             |    |    |      |    |    |           |    |    |             |    |    |                                                                                                                                                                                                                                                                                                         |  |
| 18. Elevation:<br><br>Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley                                                                                                                                                                                                                                                                                                                                                                   | 19. Remarks:<br><b>Flat Ground</b><br><br><b>Septic system not installed at this time.</b><br><b>No apparent source for contamination.</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                 |                                                                                            |                                           |              |         |   |   |      |   |    |            |    |    |                               |    |    |             |    |    |      |    |    |           |    |    |             |    |    |                                                                                                                                                                                                                                                                                                         |  |
| 20. 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>8-2-78</b><br>Authorized representative                                                                                                                                                                                   |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                 |                                                                                            |                                           |              |         |   |   |      |   |    |            |    |    |                               |    |    |             |    |    |      |    |    |           |    |    |             |    |    |                                                                                                                                                                                                                                                                                                         |  |

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

Form WWC-5