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

WATER WELL RECORD
KSA 82a-1201-1215

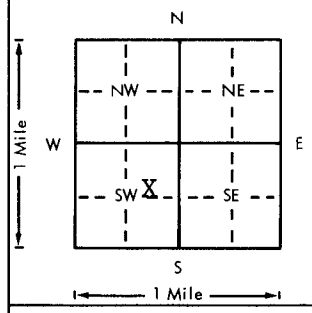
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	SEDGWICK	1/4 NE 1/4 SW 1/4	31	T 27 S	R 3W E/W

2. Distance and direction from nearest town or city: 1/8 mile S.E. of
Street address of well location if in city: Garden Plaine, Kansas Lot #9, S.W. addition

3. Owner of well: P.M. Hendryx
R.R. or street: R. #1,Box 17B
City, state, zip code: Cheney, Kansas

4. Locate with "X" in section below: Sketch map:



6. Bore hole dia. 11 in. Completion date
Well depth 80 ft. 5-1-78

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: Mat styrene Height: Above or ~~below~~
Threaded ___ Welded gl Surface 12 in.
RMP X PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 80 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .200

5. Type and color of material	From	To
Sandy Soil	0	2
Sandy Clay	2	12
Coarse Sand	12	16
Red Shale	16	80
(Use a second sheet if needed)		

10. Screen: Manufacturer's name
Sunflower Plastic
Type styrene Dia. 5"
Slot/gauge .06 Length 60'
Set between 20 ft. and 80 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 1/4-1/8"

11. Static water level: mo./day/yr.
27 ft. below land surface Date 5-1-78

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: capped
___ Pitless adapter 12 Inches above grade

15. Well grouted? yes 1-2Fine Sand Mix
With: ___ Neat cement ___ Bentonite X Concrete
Depth: From 6 ft. to 16 ft.

16. Nearest source of possible contomination:
ft. ___ Direction ___ Type NONE
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

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

19. Remarks: Flat Ground
City Sewer line not installed at time of drilling the well.
No apparent source for contamination.

Well will be in the Basement.

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 67209
Signed M. Arnold Date 5-15-78
Authorized representative

27 T 3W R 31 Sec NESW 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