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

WATER WELL RECORD
KSA 82a-1201-1215

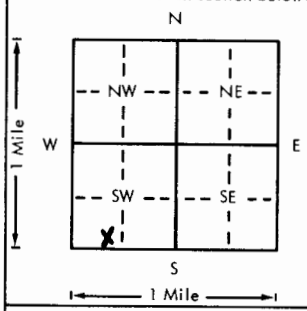
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	1/4 SW 1/4 SW 1/4	6	T 28 S	R 1W E/W

2. Distance and direction from nearest town or city:
Street address of well location if in city: 11600 West 31st South Wichita, Kansas

3. Owner of well: Raymond Hemken
R.R. or street: 354 Wood Lane
City, state, zip code: Wichita, Kansas

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



6. Bore hole dia. 11 in. Completion date
Well depth 116 ft. 12-13-77

7. ___ Cable tool XXX 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 Height: Above or below ///
Threaded ___ Welded gl Surface 12 in.
RMP X PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 116 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	60
Clay	60	10 5
Medium Sand	105	116
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Sunflower Plastic
Type styrene Dia. 5"
Slot/gauze /// .06 Length 10'
Set between 106 ft. and 116 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 1/8-1/8"

11. Static water level: 30 ft. below land surface Date (mo./day/yr.) 12-13-77

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:
___ Pitless adapter 12 capped Inches above grade

15. Well grouted? yes 1-2 fine sand mix
With: ___ Neat cement ___ Bentonite X Concrete
Depth: From 6 ft. to 16 ft.

16. Nearest source of possible contamination:
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
Septic System not installed at this time.
No apparent source for contamination.
Well to be in the basement.

20. Water well contractor's certificotion:
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, Kansa
Signed M. Arnold Date 12-31-77
Authorized representative

T 28 R 1 (W) E Sec 6 1/4 1/4 1/4 SWSE

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

Form WWC-5

MI-1023