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

WATER WELL RECORD
KSA 82a-1201-1215

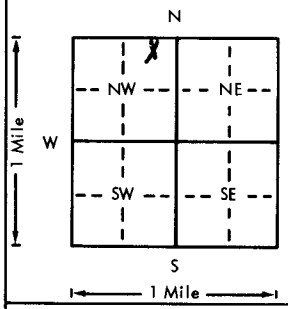
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well: County: SEDGWICK | Fraction: 1/4 NE 1/4 NW 1/4 | Section number: 16 | Township number: T 28 S | Range number: R 1 E W

2. Distance and direction from nearest town or city: 8101 W. McARTHUR
Street address of well location if in city: WICHITA, KANSAS

3. Owner of well: AMBROSE LAUER
R.R. or street: 8101 W. McARTHUR
City, state, zip code: WICHITA, KANSAS

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 11" in. Completion date 9-15-76
Well depth 80 ft.

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

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

9. Casing: Material STYRENE Weight ___ (Above) or below
Threaded ___ Welded GL Surface 12 in.
RMP ✓ PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 80 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 1200

5. Type and color of material	From	To
TOPSOIL	0	3
BROWN CLAY	3	16
FINE SAND	16	38
GRAY CLAY	38	40
FINE SAND	40	55
MEDIUM SAND	55	80

(Use a second sheet if needed)

10. Screen: Manufacturer's name SUNFLOWER PLASTIC
Type STYRENE Dia. 5"
Slot/gauze 106 Length 20
Set between 60 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.
35 ft. below land surface Date 9-15-76

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
With: ___ Neat cement ___ Bentonite ✓ Concrete
Depth: From 40" to 14 ft.

16. Nearest source of possible contamination:
ft. 100 Direction EAST Type ___
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:

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 Licensed No.
Address WICHITA, KANSAS
Signed M. Arnold Date 10-12-76
Authorized representative

T 28 S R 1 E W Sec 16 1/4 1/4 1/4 NE NW

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

Form WWC-5

MI-1023