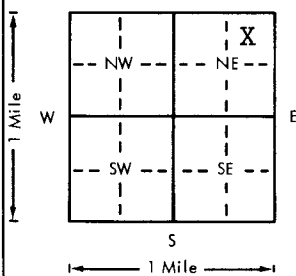


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 NE 1/4	Section number 17	Township number T 28 S	Range number R 1W E/W
2. Distance and direction from nearest town or city: 1000' So. of McArthur Rd. on Tyler Rd. on the			3. Owner of well: Grover White R.R. or street: 402 Lyndon City, state, zip code: Haysville, Kansas		
4. Locate with "X" in section below:  Sketch map: W. side of the road. Schulte, Kansas			6. Bore hole dia. 11 in. Completion date 4-18-78 Well depth 85 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 Height: Above or below Threaded ☐ Welded ☒ Surface 12 in. RMP ☒ PVC ☐ Weight 81 lbs./ft. Dia. 5 in. to 85 ft. depth Wall Thickness: inches or Dia. 5 in. to 85 ft. depth gage No. 200		
5. Type and color of material			From	To	10. Screen: Manufacturer's name Sunflower Plastic
Topsoil			0	3	Type styrene Dia. 5"
Clay			3	24	Slot size .06 Length 20'
Fine Sand			24	30	Set between 65 ft. and 85 ft.
Medium Sand			30	35	Gravel pack? yes Size range of material 1/4-1/8"
Clay			35	38	11. Static water level: 30 ft. below land surface Date 4-18-78
Fine Sand			38	54	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.
Clay			54	56	13. Water sample submitted: ____ mo./day/yr. ____ Yes ____ No Date ____
Fine Sand			56	85	14. Well head completion: capped ____ Pitless adapter 12 inches above grade
					15. Well grouted? yes 1-2 Fine Sand Mix With: ____ Neat cement ____ Bentonite ☒ Concrete Depth: From 40" ft. to 14 ft.
					16. Nearest source of possible contamination: NONE ft. ____ Direction ____ 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
(Use a second sheet if needed)					
18. Elevation:	19. Remarks: Flat Ground Septic Tank 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 Wichita, Kansas Signed M. Arnold Date 7-1-78 Authorized representative		

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

Form WWC-5