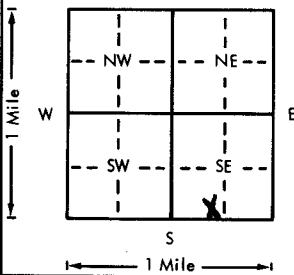


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 SW 1/4 SE 1/4</b> | Section number<br><b>18</b>                                                                                                                                                                                                                                                                                                                                 | Township number<br><b>T 28 S</b> | Range number<br><b>R 1W E/W</b> |         |   |   |            |   |    |            |    |    |           |    |    |           |    |    |             |    |     |            |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|---------|---|---|------------|---|----|------------|----|----|-----------|----|----|-----------|----|----|-------------|----|-----|------------|-----|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                      | 3. Owner of well:<br>R.R. or street:<br>City, state, zip code:                                                                                                                                                                                                                                                                                              |                                  |                                 |         |   |   |            |   |    |            |    |    |           |    |    |           |    |    |             |    |     |            |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                         |  |  |
| 4. Locate with "X" in section below:<br><div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;">           N<br/>            S<br/>           W ————— E<br/>           1 Mile         </div> <div>           Sketch map:<br/> <b>47th Street south on 47th Street South</b><br/> <b>103rd St. West &amp; Schulte,</b><br/> <b>Kansas</b> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                      | 6. Bore hole dia. <u>11</u> in. Completion date <u>2-28-77</u><br>Well depth <u>110</u> ft.                                                                                                                                                                                                                                                                 |                                  |                                 |         |   |   |            |   |    |            |    |    |           |    |    |           |    |    |             |    |     |            |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                         |  |  |
| 5. Type and color of material <table border="1" style="width:100%; border-collapse: collapse;"> <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>Sandy Soil</td><td>2</td><td>11</td></tr> <tr><td>Sandy Clay</td><td>11</td><td>17</td></tr> <tr><td>Fine Sand</td><td>17</td><td>27</td></tr> <tr><td>Gray Clay</td><td>27</td><td>90</td></tr> <tr><td>Medium Sand</td><td>90</td><td>102</td></tr> <tr><td>Blue Shale</td><td>102</td><td>110</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> |                           |                                      |                                                                                                                                                                                                                                                                                                                                                             | From                             | To                              | Topsoil | 0 | 2 | Sandy Soil | 2 | 11 | Sandy Clay | 11 | 17 | Fine Sand | 17 | 27 | Gray Clay | 27 | 90 | Medium Sand | 90 | 102 | Blue Shale | 102 | 110 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 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                               |         |   |   |            |   |    |            |    |    |           |    |    |           |    |    |             |    |     |            |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                      | Sandy Soil                                                                                                                                                                                                                                                                                                                                                  | 2                                | 11                              |         |   |   |            |   |    |            |    |    |           |    |    |           |    |    |             |    |     |            |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                         |  |  |
| Sandy Clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 11                        | 17                                   |                                                                                                                                                                                                                                                                                                                                                             |                                  |                                 |         |   |   |            |   |    |            |    |    |           |    |    |           |    |    |             |    |     |            |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                         |  |  |
| Fine Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 17                        | 27                                   |                                                                                                                                                                                                                                                                                                                                                             |                                  |                                 |         |   |   |            |   |    |            |    |    |           |    |    |           |    |    |             |    |     |            |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                         |  |  |
| Gray Clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 27                        | 90                                   |                                                                                                                                                                                                                                                                                                                                                             |                                  |                                 |         |   |   |            |   |    |            |    |    |           |    |    |           |    |    |             |    |     |            |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                         |  |  |
| Medium Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 90                        | 102                                  |                                                                                                                                                                                                                                                                                                                                                             |                                  |                                 |         |   |   |            |   |    |            |    |    |           |    |    |           |    |    |             |    |     |            |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                         |  |  |
| Blue Shale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 102                       | 110                                  |                                                                                                                                                                                                                                                                                                                                                             |                                  |                                 |         |   |   |            |   |    |            |    |    |           |    |    |           |    |    |             |    |     |            |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                      |                                                                                                                                                                                                                                                                                                                                                             |                                  |                                 |         |   |   |            |   |    |            |    |    |           |    |    |           |    |    |             |    |     |            |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                      |                                                                                                                                                                                                                                                                                                                                                             |                                  |                                 |         |   |   |            |   |    |            |    |    |           |    |    |           |    |    |             |    |     |            |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                      |                                                                                                                                                                                                                                                                                                                                                             |                                  |                                 |         |   |   |            |   |    |            |    |    |           |    |    |           |    |    |             |    |     |            |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                         |  |  |
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| 8. Use: <input 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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                      |                                                                                                                                                                                                                                                                                                                                                             |                                  |                                 |         |   |   |            |   |    |            |    |    |           |    |    |           |    |    |             |    |     |            |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                         |  |  |
| 9. Casing: Material <u>styrene</u> Height: Above or below<br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Dia. <u>12</u> in.<br>RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>12</u> lbs./ft.<br>Dia. <u>5</u> in. to <u>110</u> ft. depth Wall Thickness: inches or<br>Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>200</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                      |                                                                                                                                                                                                                                                                                                                                                             |                                  |                                 |         |   |   |            |   |    |            |    |    |           |    |    |           |    |    |             |    |     |            |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                         |  |  |
| 10. Screen: Manufacturer's name<br><u>Sunflower Plastic</u><br>Type <u>styrene</u> Dia. <u>5"</u><br>Slot/gauge <u>1/4"</u> .06 Length <u>12'</u><br>Set between <u>90</u> ft. and <u>102</u> ft.<br>Gravel pack? <u>yes</u> Size range of material <u>1-1/8"</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                                      |                                                                                                                                                                                                                                                                                                                                                             |                                  |                                 |         |   |   |            |   |    |            |    |    |           |    |    |           |    |    |             |    |     |            |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                         |  |  |
| 11. Static water level: <u>23</u> ft. below land surface Date <u>2-28-77</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                      | 12. Pumping level below land surfaces:<br><u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m.<br><u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m.<br>Estimated maximum yield <u> </u> g.p.m.                                                                                                                                                   |                                  |                                 |         |   |   |            |   |    |            |    |    |           |    |    |           |    |    |             |    |     |            |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                         |  |  |
| 13. Water sample submitted: <u> </u> mo./day/yr.<br><input type="checkbox"/> Yes <input type="checkbox"/> No Date <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                      | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <u>12</u> inches above grade <u>capped</u>                                                                                                                                                                                                                                            |                                  |                                 |         |   |   |            |   |    |            |    |    |           |    |    |           |    |    |             |    |     |            |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                         |  |  |
| 15. Well grouted? <u>yes</u><br>With: <u>Neat cement</u> <u> </u> Bentonite <input checked="" type="checkbox"/> Concrete<br>Depth: From <u>40'</u> ft. to <u>14</u> ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                                      | 16. Nearest source of possible contamination: <u>Septic Tank</u><br>ft. <u>90</u> Direction <u>SE</u> Type <u>Tank</u><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 <u> </u><br>Model number <u> </u> HP <u> </u> Volts <u> </u><br>Length of drop pipe <u> </u> ft. capacity <u> </u> 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                      | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report<br>is true to the best of my knowledge and belief.<br><b>Harp Well &amp; Pump 236</b><br>Business name <u>Wichita, Kansas</u> License No. <u> </u><br>Address <u> </u><br>Signed <u>M. Arnold</u> Date <u>3-1-77</u><br>Authorized representative |                                  |                                 |         |   |   |            |   |    |            |    |    |           |    |    |           |    |    |             |    |     |            |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                         |  |  |
| 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>                                                                                                                                                                                                                                                                                                                          |                                  |                                 |         |   |   |            |   |    |            |    |    |           |    |    |           |    |    |             |    |     |            |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                         |  |  |

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

Form WWC-5