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

WATER WELL RECORD
KSA 82a-1201-1215

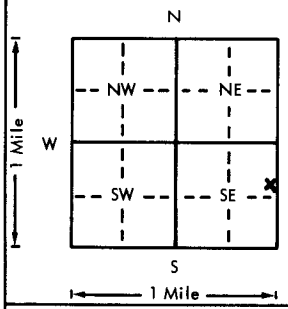
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	SEDGWICK	1/4 NE 1/4 SE 1/4	26	T 28 S	R 1 E W

2. Distance and direction from nearest town or city:
Street address of well location if in city: 6131 So. WEST ST. WICHITA, KANSAS

3. Owner of well: PATE CONSTRUCTION
R.R. or street: 4121 MAPLE
City, state, zip code: WICHITA, KANSAS

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. ____ in. Completion date ____
Well depth 60 ft. 10-6-76

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 60 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. 1200

5. Type and color of material	From	To
SANDY SOIL	0	3
CLAY	3	15
FINE SAND	15	25
CLAY	25	29
MEDIUM SAND	29	40
CLAY	40	43
MEDIUM SAND	43	59
SHALE	59	60'

(Use a second sheet if needed)

10. Screen: Manufacturer's name SUNFLOWER PLASTIC
Type STYRENE Dia. 5"
Slot gauze .06 Length 10'
Set between 50 ft. and 60 ft.
____ ft. and ____ ft.
Gravel pack? YES Size range of material 1/4-1/8"

11. Static water level: mo./day/yr.
25 ft. below land surface Date 10-6-76

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' ft. to 14 ft.

16. Nearest source of possible contamination: SEPTIC
50 ft. Direction SE Type TANK
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:
PUMP NOT INSTALLED AT THIS TIME.

20. Water well contractor's certification:
This well wos 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 12-20-76
Authorized representative

T 28 — R 1 (E) W — Sec 26 — 1/4 1/4 1/4 NE SE

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

Form WWC-5

MI-1023