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

WATER WELL RECORD
KSA 82a-1201-1215

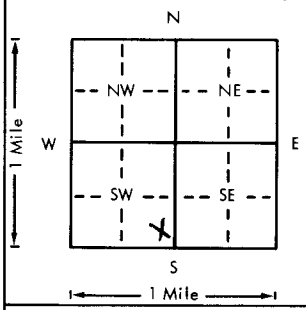
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	1/4 SE 1/4 SW 1/4	11	T 28 S	R 2W E/W

2. Distance and direction from nearest town or city:
2 miles West of Schulte and 1/8 mile
Street address of well location if in city:
North of McArthur. Schulte, Kansas

3. Owner of well: Jewel Davis
R.R. or street: 4620 Brookhaven
City, state, zip code: Wichita, Kansas 67216

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



6. Bore hole dia. 11 in. Completion date ____
Well depth 105 ft. 9-6-78

7. __ Cable tool X 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 105 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	7
Grey shale	7	105
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Sunflower plastic
Type styrene Dia. 5"
Slot/gauze .06 Length 80'
Set between 25 ft. and 105 ft.
____ ft. and ____ ft.
Gravel pack? yes Size range of material ¼-1/8"

11. Static water level: mo./day/yr.
30 ft. below land surface Date 9-6-78

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 1-2fine 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 is to be in the basement

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 67209
Signed M. Arnold Date 10-3-78
Authorized representative

T 28 — R 2W (E) Sec 11 — 1/4 1/4 1/4 SE SE

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

Form WWC-5

MI-1023