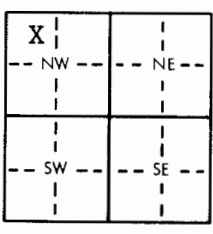


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 NW 1/4 NW 1/4	Section number 14	Township number T 28 S R 2W E/W	Range number
2. Distance and direction from nearest town or city: 14915 Selma Street address of well location if in city: Goddard, Kansas			3. Owner of well: Gordon Haines R.R. or street: 7024 Hollywood City, state, zip code: Wichita, Kansas		
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: 		
5. Type and color of material			6. Bore hole dia. 11 in. Completion date _____ Well depth 110 ft. 4-13-78		
			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 _____ Threading ☐ Welded ☒ Surface 12 in. RMP ☒ PVC ☐ Weight _____ lbs./ft. Dia. 5 in. to 110 ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth gage No. .200		
			10. Screen: Manufacturer's name Sunflower Plastic Type styrene Dia. 5" Slot 1/16 .06 Length 85' Set between 25 ft. and 110 ft. _____ ft. and _____ ft. Gravel pack? yes Size range of material 1/4-1/8"		
			11. Static water level: _____ mo./day/yr. 23 ft. below land surface Date 4-13-78		
			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 1-2 Fine Sand Mix With: _____ Neat cement _____ Bentonite ☒ Concrete Depth: From 40" ft. to 14 ft.		
			16. Nearest source of possible contamination: _____ ft. _____ Direction _____ Type NONE 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 System not installed at this time. No apparent source for contamination.			
Topography: ☐ Hill ☐ Slope ☐ Upland ☐ Valley		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 6-9-78 (Authorized representative)			

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

Form WWC-5