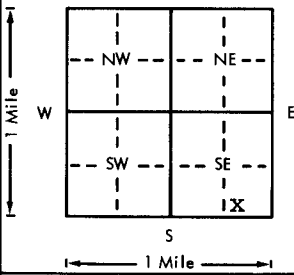


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 SE 1/4 SE 1/4	Section number 19	Township number T 28 S	Range number R 2W E/W
2. Distance and direction from nearest town or city: 1/4 West of 199th West on 55th South on Street address of well location if in city: North side of Road.			3. Owner of well: John Wells R.R. or street: RR 1 City, state, zip code: Viola, Kansas		
4. Locate with "X" in section below: Sketch map: Viola, Kansas 			6. Bore hole dia. 11 in. Completion date _____ Well depth 40 ft. 5-6-77		
5. Type and color of material			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 _____ lbs./ft. Dia. 5 in. to 40 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/size .06 Length 10' Set between 30 ft. and 40 ft. _____ ft. and _____ ft. Gravel pack? yes Size range of material 1/4-1/8"		
			11. Static water level: _____ mo./day/yr. 15 ft. below land surface Date 5-6-77		
(Use a second sheet if needed)			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 to 2 fine sand mix. With: ☐ Neat cement ☐ Bentonite ☒ Concrete Depth: From 40" ft. to 14 ft.		
			16. Nearest source of possible contamination: Septic ft. 50 Direction South 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:		
			19. Remarks: Flat Ground		
			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 Wichiata, Kansas Signed M. Arnold Date 8-2-77 Authorized representative		
			Topography: ☐ Hill ☐ Slope ☐ Upland ☐ Valley		

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

Form WWC-5