Sent 2-8-77

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

WATER WELL RECORD
KSA 82a-1201-1215

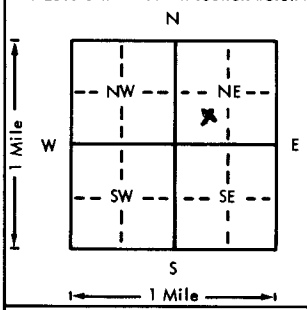
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Sedgwick	1/4 SW 1/4 NE 1/4	23	T 28S S	R 2 E W

2. Distance and direction from nearest town or city: 14024 W. 49th So.
Street address of well location if in city: Goddard, Kans.

3. Owner of well: Frank Blasi
R.R. or street: 14024 West 49 South
City, state, zip code: Goddard, Kansas

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



6. Bore hole dia. 11 in. Completion date 10-25-15
Well depth 110 ft.

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 110 ft. depth Wall Thickness: inches or
Dia. __ in. to __ ft. depth gage No. .200

5. Type and color of material	From	To
Topsoil	0	2
Sandy soil	2	18
Sandy soil with Clay Streaks	18	25
Fine Sand	25	35
Medium Coarse Sand	35	40
Grey Clay	40	90
Medium Coarse Sand	90	110

(Use a second sheet if needed)

10. Screen: Manufacturer's name Sunflower Plastics
Type Styrene Dia. 5"
Slot/gauze .06 Length 10ft.
Set between 100 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.
25 ft. below land surface Date 10-25-15

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: X Neat cement __ Bentonite X Concrete
Depth: From 40 to 14 ft.

16. Nearest source of possible contamination: Septic
ft. 50 Direction West Type Tank
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

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 Kans
Signed M. Arnold 10-27-15
Authorized representative Date

T 28 R 2W Sec 23 1/4 1/4 SW NE

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

Form WWC-5

MI-1023